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ABSTRACT

The manual provides guidelines for teachers of physically and multiply handicapped students in Georgia. Sections address the following topics (sample subtopics in parentheses): definitions; eligibility; due process (screening, referral, placement); program organization (delivery model, personnel, enrollment); instructional programs (curriculum, methodology, related services); occupational and physical therapy in public schools (service delivery, quality insurance); program evaluation (eligibility, due process, education programs); and additional resources (publications, organizations). (CL)

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Volume VIII

Physically and Multiply Handicapped

System Occupational and Physical Therapists

Resource Manuals For Program For Exceptional Children

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Office of Instructional Services
Division of Special Programs
Program for Exceptional Children
Georgia Department of Education
Atlanta, Georgia 30334

Charles McDaniel
State Superintendent of Schools
1980

Resource Manuals for Program for Exceptional Children

Resource manuals in this series include the following:

Volume I	Severely and Trainable Mentally Retarded
Volume II	Educable Mentally Retarded
Volume III	Behavior Disorders
Volume IV	Specific Learning Disabilities
Volume V	Visually Impaired
Volume VI	Hospital Home Instruction
Volume VII	Speech and Language Impaired
Volume VIII	Physically and Multiply Handicapped System Occupational and Physical Therapists
Volume IX	Hearing Impaired
Volume X	Gifted
Volume XI	Deaf Blind

Foreword

Georgia is committed to the belief that every exceptional child has a right to receive an education based on his or her individual needs.

The need for developing standards and guidelines for comprehensive programs for exceptional children in our schools has emerged from state and federal legislation. The three major laws affecting the education of exceptional children in Georgia follow.

Adequate Program for Education in Georgia Act (APEG)
Section 32-605a, Special Education

"All children and youth, who are eligible for the general education program, preschool education, or who have special educational needs and three and four year old children who are either physically, mentally or emotionally handicapped or perceptually or linguistically deficient shall also be eligible for special education services. Children, ages 0-5 years, whose handicap is so severe as to necessitate early education intervention may be eligible for special education services."

Effective date: July 1, 1977

P.L. 94-142, Education for All Handicapped Children Act of 1975

The full services goal in Georgia for implementation of P.L. 94-142 states:

"All handicapped children ages 5-18 will have available to them on or before September 1, 1978, a free appropriate education. Ages 3-4 and 19-21 will be provided services by September 1, 1980, and 0-2 by September 1, 1982, if funds are available.

Effective date: September 1, 1978

Section 504 of P.L. 93-112, The Vocational Rehabilitation Act of 1973

"No otherwise qualified handicapped individual shall solely, by the reason of his her handicap be excluded from the participation in, be denied the benefits of, or be subject to discrimination under any program or activity receiving federal financial assistance."

Effective date: June 1, 1977

The purpose of the *Resource Manuals for Programs for Exceptional Children* is to help local education agencies implement these laws and provide quality programs for exceptional children.

Acknowledgements

The Resource Manual Committee contributed valuable expertise and professional assistance in the development of this publication. Their contributions are sincerely appreciated.

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Philosophy

Pablo Casals said, "Each child should be taught that he is a miracle." Our hope is that every handicapped child receives the free education, support and compassionate care that he or she deserves. As educators we must work together to that end.

In developing and carrying out educational programs for physically and multiply handicapped children, the vision should be kept in mind of a mature individual whose worth and dignity are appreciated and who can make a contribution through personality, intelligence and abilities, regardless of physical needs. A multidisciplinary educational approach using intensive remediation and habilitative services is the foundation for cultivating the child's image of himself or herself as a miracle.

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Chapter I
Definition

Physically handicapped children are those whose body functions or members are so impaired, from any cause, that they cannot be adequately or safely educated in regular classes of the public schools on a full-time basis without the provision of special education services.

Physically handicaps may refer to conditions such as

- muscular or neuromuscular handicaps which significantly limit the ability to move about, sit or manipulate the materials required for learning;
- skeletal deformities or abnormalities which affect ambulation, posture and body use necessary in school work.

Multihandicapped refers to children who have some physical or sensory handicap and one or more additional handicapping condition(s) which are educationally significant to the extent that they cannot respond to regular instructional techniques provided for students in other special education programs for the physically handicapped or mentally handicapped.

Other health impaired includes children with disabilities which result in reduced efficiency in school work because of temporary or chronic lack of strength, vitality or alertness due to acute health problems. Examples include heart conditions, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, leukemia or diabetes. (Regulations and Procedures, page 35.)

Chapter II
Eligibility Criteria

In addition to the conditions stated in the definition of the exceptionality (physically handicapped, multiply handicapped or other health impaired), a child must have the following to be eligible for placement in a special program:

- Current medical report from physician or physicians qualified to assess his or her physical problems, indicating a description of handicapping condition and any medical implications for instruction
- Annual medical examination to determine changes in the physical condition of the child and medical implications reflecting appropriateness of continued special education service for the condition
- Health impairments so severe that maintenance in the regular school program is inappropriate
- Arbitrary restrictive criteria, including incontinence and immobility, shall not be applied. (Regulations and Procedures, page 35.)

The physician plays an important role in the eligibility process. A current medical report is fundamental to determining eligibility. The nature and degree of the physical impairment may have far-reaching implications for intervention and educational programming.

Chapter III
Due Process

Introduction

Parents' and children's rights under P.L. 94-142 are protected through a procedural due process structure. The child, the parents and the schools are involved in the specifics of due process.

The following is a chart of due process procedures.

Screening
Students with severe physical impairments will usually be identified before they enter school, and in some cases, a comprehensive evaluation may be available. In cases where this is not available a physically or multiply handicapped child may be screened in the areas of educational functioning, motor functioning, method of communication, hearing and vision to determine if further evaluation is needed.

As a result of the screening, it may be determined that the child should be referred for a psychological evaluation through the local school system or for an extensive diagnostic evaluation. (See Referral.)

Referral
Referral is the process in which parents or guardians, the students, school personnel, appropriate public agencies or other professionals may request assessment of a student's abilities.

It may be determined appropriate to refer the child for extensive diagnostic evaluation. Georgia receives funding for evaluating children with severe or multiple handicaps through the Georgia Learning Resources System in cooperation with other southeastern states. Local education agencies may apply through GLRS for financial aid to secure professional diagnostic/prescriptive services for the handicapped. An approved application can result in payment of (1) the costs of diagnosis, (2) necessary expenses incurred by parents, guardians, sponsors or agencies in providing the diagnostic opportunity and (3) the follow-up consultative aid to begin a program of learning experiences tailored to the child's special needs. To refer a child, contact any of the GLRS Centers or the Program for Exceptional Children of the Georgia Department of Education. GLRS staff can provide the appropriate forms and any assistance you need in making application. (See Appendix D.)

Comprehensive Evaluation
All children who are considered for special education services must be screened for possible hearing and vision difficulties prior to educational or psychological evaluations.

Before any action is taken with respect to the initial placement of a handicapped child in a special education program a full and individual evaluation must be conducted in accordance with the following. The local education agency (LEA) must use appropriate evaluation procedures including trained evaluation personnel, multidisciplinary teams, validated and nondiscriminatory assessment, the language or other mode of communication commonly used or understood by the child and more than one procedure or instrument.

The local school system must have signed, informed parental consent on file before any child is singled out for any evaluation other than routine screenings happening to all children at some point in their school year (e.g., mass vision, dental, hearing and speech screening unless parent has previously filed a form of protest).

All children enrolled in special education programs must be comprehensively reevaluated educationally or psychologically no later than three years after the last previous evaluation. The reevaluation may take place within the three years upon the request of any person having the original authority to make an initial referral, with the approval of the placement committee.

A report of a current medical examination is required to determine a student's eligibility for a program for the physically and multiply handicapped.

Visual and auditory screening might be a part of the evaluation process.

Vision and hearing should be screened by a qualified examiner prior to psychological or educational evaluation.

The evaluation should include an assessment of communication and language skills. For a nonverbal child, the evaluation will need to determine the alternative communication system used. In addition, the following assessment instruments may be appropriate.

Assessment of Children's Language Comprehension
Boehm Test of Basic Concepts
Carrow Test of Auditory Comprehension
The Miller-Yoder Test of Grammatical Comprehension
Northwestern Syntax Screening Test
Peabody Picture Vocabulary Test
REAL: Bzoch-League Receptive-Expressive Emergent Language Scale
Zimmerman Preschool Language Scale

Psychological Evaluation Tools

A visiting teacher, social worker or psychologist should collect information from the parents or guardian to compile a developmental and social history of the student.

The psychologist in the local school system or the GLRS Center may be contacted for information in ordering assessment instruments

Bayley Scales of Mental Development
Cattell Infant Intelligence Scale
Columbia Mental Maturity Scale
Hauesserman Developmental Potential for Preschool Children
Kons Blocks
Leiter International Performance Scale
Stanford Binet LM
WPPSI
WISC-R

Educational Assessment

Brigance Inventory of Basic Skills
California Achievement Test
Callier Azusa Scale (deaf/blind)
Cognitive Skills Assessment Battery
Denver Developmental Screening Test
Durrell Analysis of Reading Difficulty
Gallistel-Ellis Linguistic Reading and Spelling Tests
Gates-McKillop Reading Diagnostic Test
Key Math Diagnostic Arithmetic Tests
Metropolitan Achievement Test
Pennsylvania Training Model
Preschool Attainment Record
Pupil Record of Educational Behavior
Spache Diagnostic Reading Scales
Stanford Achievement Test
Uniform Performance Assessment System (UPAS)
VULPE Assessment Battery
Wide Range Achievement Tests
Woodcock Reading Mastery tests

Occupational Therapy and Physical Therapy

Occupational therapy and physical therapy assessment is an individualized, detailed and documented assessment of a student known or suspected of having a handicapped condition, using evaluative tools and skills unique to occupational therapists and physical therapists. A combination of the following techniques and procedures are incorporated in the assessment process.

Recording medical history
Recording subjective information from teachers, parents and student
Clinical observations
Standardized testing
Goal planning
Program planning

For specific assessment information on these disciplines, see Chapter VI.

Individualized Education Program (IEP)

An IEP is developed for each handicapped child who is receiving or will receive special education. All public agencies working with handicapped children must develop IEPs. The total IEP, including long- and short-term objectives, is developed prior to placing the child in a special education program.

The IEP must be developed in an individualized planning conference initiated and conducted by the responsible agency.

A student should have one IEP even if enrolled in two or more special education programs.

The IEP is an educational and related services plan and not a binding contract for which the agency is responsible if the child does not achieve the growth projected in the goals and objectives. However, the local education agency must provide those services that are listed in a child's IEP.

Participants in individualized planning conferences will include a representative of the agency, other than the child's teacher, who is qualified to provide or supervise the provision of special education. This does not exclude other qualified special education instructors.

The child's teacher or teachers, special or regular or both, who have a direct responsibility for implementing the IEP must also be present.

The responsible agency must make every effort to insure that each individualized planning conference includes

one or both of the parents;
the child, when appropriate;
other individuals at the discretion of the parent or agency.

For a handicapped child who has been evaluated for the first time, the responsible agency must insure that a member of the evaluation team or someone who is knowledgeable about the evaluation procedure and familiar with the evaluation results participates in the meeting.

Each responsible agency must insure that the parents of the handicapped child are present at the individualized planning conference or are afforded the opportunity to participate. The meeting must be scheduled at a mutually agreed upon time and place. Notification of the meeting to parents must indicate the purpose, time and location of the meeting and who will be in attendance. All communications to parents must be in both English and the primary language of the home if the primary language is other than English.

A meeting may be conducted without a parent in attendance if the responsible agency is unable to convince the parents that they should attend. In this case, the responsible agency must record its attempts to involve the parent(s). The attempts may include a written waiver of his or her rights to participate, *in accordance with due process procedures*, telephone calls, correspondence and home visits.

Upon request, parents must be given a copy of the IEP.

Upon the parents' request, a formal due process hearing must occur as outlined in Georgia's Annual Program Plan.

The IEP must contain the child's present levels of educational performance;

the child's annual goals including short-term instructional objectives;

the specific special education and related services to be provided to the child and the extent to which the child will be able to participate in regular educational programs;

the projected dates for initiation of services and the anticipated duration of the services;

appropriate objective criteria, evaluation procedures and schedules for determining, on at least an annual basis, whether the short-term instructional objectives are being met.

Placement

No student will be placed in a special education program until that student is the subject of a meeting of the Special Education Placement Committee which reviews all pertinent information and determines the appropriate program for that child.

The decision to place any child into a special education program will not be made exclusively or principally upon results of tests administered during evaluation. All pertinent data on each child must be reviewed by the entire committee.

Placement committee meeting minutes must be kept.

All children who are evaluated for possible special education services will be subject to review by the placement committee. All children who are recommended by the placement committee to be placed in a special education program must have signed, informed parental consent on file within the school system before placement can occur.

Upon the request of any person having the original authority to make initial referral, but no later than three years after the last placement decision, all children who are enrolled in special education programs will be the subjects of a meeting of the Special Education Placement Committee which will review all pertinent information and determine the appropriate program for these children based upon the new information.

Any time a change in educational placement is considered, the pertinent information must be reviewed and change approved by the placement committee and the child's parents.

Confidentiality

LEAs maintain records and reports which contain confidential data on handicapped children. Each LEA must inform persons collecting or using personally identifiable data of policies and procedures for the use of confidential data.

Exit Criteria

According to the *Georgia Annual Program Plan* and *Program for Exceptional Children Regulations and Procedures*, all handicapped and gifted persons aged five to 18 must be provided a free appropriate education. Persons aged 19 to 21 must be allowed to continue in a program until the completion of that program or through age 21 if they were enrolled before age 19.

Most decisions concerning exit criteria need to be made at the local level. However, the following information may help local school systems develop exit criteria for determining time of program completion for physically and multiply handicapped students.

The long range goals for an individual student's program are a product of the IEP and should be a primary determinant of program completion. In developing these goals the multidisciplinary team should consider the following post school accommodations.

Continuing education programs

- College
- Vocational-technical schools
- GED

Working facilities

- Independent employment
- Independent semiskilled or unskilled job placements available in the community
- Vocational rehabilitation evaluation, training and placement
- Sheltered workshop placement
- Work activity center
- Training center
- Private local agency (e.g., Goodwill)
- Home-based employment
- Volunteer programs

Living facilities

- Independent living
- Supervised apartment living
- Group home
- Natural home placement with family
- Foster care placement
- Private residential facility

A listing of the skills and behavior which are prerequisite for placement in the receiving agency should be used in developing exit criteria for an individual system. These prerequisites should be reviewed and updated periodically.

The exit goals for individual students should be reviewed yearly as a part of the development of the individualized education program.

For further information on due process or other procedural safeguards in effect in Georgia, refer to *Program for Exceptional Children Regulations and Procedures, Georgia Department of Education* and *Georgia's Annual Program Plan for P.L. 94-142*. Copies of these documents are available in the office of your local school superintendent, director of special education or your local Georgia Learning Resource System.

Additionally, information on local system procedures is contained in the local system's Special Education Comprehensive Plan which is also available from your local school superintendent or special education director.

Chapter IV
Program Organization

Delivery Models

Least restrictive placement is the educational environment in which the child can function most effectively. In keeping with the procedural safeguards guaranteed to exceptional children and their parents, the Georgia Department of Education established the following regulations.

To the maximum extent appropriate, exceptional children in Georgia must be educated with children who are not handicapped. Special classes, separate schooling or other removal of handicapped children from the regular class environment will occur only when the handicap is so severe that education in regular classes with the use of supplementary aids and services cannot be satisfactorily achieved. Further, it is the policy of the Georgia Department of Education that handicapped children have the right to be educated with their nonhandicapped peers, unless there is clear evidence that partial or full removal is desirable for the welfare of the child or other children.

When an exceptional child must be assigned to a special program, educational goals must be specified. When these goals are met, the child must be returned to the most normal setting possible, consistent with the child's capabilities and educational needs (Regulations and Procedures, page 9).

Children with mild handicaps or disabilities may be enrolled in a regular classroom in a designated school but also receive special instruction in a resource program.

Children enrolled in a resource program are enrolled in the regular school program but receive special education services for less than one half of the school day.

The types of resource programs include resource rooms, resource teachers and itinerant programs.

A resource room is a designated classroom to which the children come for instruction. The resource room model assumes that the resource teacher and the regular education teacher cooperate in planning the student's total instructional program.

The resource teacher works with the identified children or regular teacher within the actual regular classroom setting. An itinerant special education program provides instructional programs to children in more than one school. The itinerant program helps exceptional children and their regular teachers on a rotating schedule.

A modified self-contained program for the mildly handicapped is one in which the special education teacher integrates the students into parts of the regular class curriculum. The integration should be based on a reasonable expectation that the student will benefit academically, socially, emotionally or vocationally by such regular class participation. The special education teacher acts as liaison to help the handicapped student function comfortably within the regular classroom setting.

Children who require a more structured program over a longer period of time may be enrolled in a self-contained program designed specifically for that exceptionality. A self-contained program for the moderately or severely handicapped is one in which the children spend one half or more of the instructional day within the program. The chronological age range of these children must not exceed three years.

Special arrangements may be developed among systems using any of the above described models. The multi-system program will be particularly applicable to low prevalence exceptionalities such as multihandicapped, trainable mentally retarded, hearing impaired or visually impaired. (Regulations and Procedures, pages 19-21.)

A student may be ready to enter school or return to school on a part-time basis after illness or surgery. Arrangements should be made to allow a student to participate in a modified school day or school week program without penalty to school or student. School work can be followed up at home, and the student will gain the benefit of working with the teacher and the other students on the days he or she comes to school. The social benefits will support academic efforts, and both child and program should benefit. The special education committee may develop a program for a student which includes a shortened school day or week and the support of hospital/homebound services. The committee should review relevant medical and educational information to determine the best plan for the student. Considerations for length of school day should include low vitality and health of student as well as transportation and length of bus route.

Personnel

The key to excellent programming for multihandicapped children is employing well-prepared professional and paraprofessional personnel. The needs of the children are wide range and personnel employed to provide for them must have a broad spectrum of competencies and resources. It is the responsibility of each school system to assess the needs of the multihandicapped population and choose personnel with the necessary qualifications. Special attention should be paid to the competencies of the multidisciplinary team employed to meet the students' widely varying needs.

Developing a spirit of cooperation among the members of the multidisciplinary team, the parents and community is essential to the success of the program. Other school personnel such as bus drivers, cafeteria and custodial staff have important roles to play in accepting the students and providing help where needed. Comprehensive in-service programs will benefit all personnel, and regular team meetings will help insure a cooperative program.

The following list of competencies has been identified by teachers of physically and multiply handicapped students throughout the United States as being essential in performing their teaching duties (Dykes, 1972).

Knows educational aspects of conditions resulting from physical impairments.

Knows the social and emotional problems which may arise from various types of physical impairments.

Knows sensory difficulties which students may experience, i.e., vision, hearing and tactile discrimination.

Interprets and makes recommendations for instruction from reports of medical doctors, school psychologists and school social workers.

Administers and interprets tests to identify specific educational needs of students.

Evaluates and assesses intellectual, social, physical and emotional development of students.

Selects meaningful and appropriate instructional media and materials for physically impaired students.

Uses a variety of techniques for teaching reading, math and other subject matter to physically impaired students functioning at various levels of intellectual ability.

Evaluates student's progress and the effectiveness of instruction.

Develops speech and language programs for students in a classroom setting.

Knows vocational preparation skills which students need to develop during school years.

Knows and applies various types of reinforcement schedules in order to modify behavior.

Provides an educational environment which contributes to the student's success and satisfaction.

Helps physically impaired students develop realistic personal attitudes regarding their impairments and future goals.

Helps physically impaired students develop various coping strategies for different environments.

Knows how to communicate effectively with nonverbal children.

Knows the management of a student in convulsion.

Knows the roles of various professional personnel involved with the physically impaired student (i.e., physical therapist, occupational therapist, social worker, physician).

Knows leisure education and extracurricular programs for the physically impaired student.

Secures parental cooperation with the school and the ongoing educational program in which their child is involved.

Functions as a member of a transdisciplinary and professional team.

Knows how to communicate with parents effectively and encourages parent participation.

The principal of the school is responsible for the climate in which the children are educated. Support from the principal for special education programs for multihandicapped students advances the cause of appropriate education in the least restrictive environment. The principal provides the necessary room for the educational program, therapy services and clinical aid to students who need it. In addition he or she

promotes the program for the multihandicapped to all the faculty;

insures that the program is an integrated part of the school;

assists in parent concerns and assumes responsibility for administrative decisions;

supports the teachers and staff.

The teacher's aid/assistant helps the teacher follow the student's individualized education program; helps the teacher with record keeping, library assignments and other clerical tasks; and helps students in self-care, mobility and other activities of daily living.

Occupational Therapist — See Section VI.

Physical Therapist — See Section VI.

Speech and Language Pathologist — See Section V.

Leisure Time and Recreation Specialists (Adaptive Physical Education) — See Section V.

Music Therapist — See Section V.

Art Specialist — See Section V.

The following supportive services should be available and used for physically handicapped students when appropriate.

School psychologist
School guidance counselor
School social worker
School nurse
Physician
Vocational rehabilitation counselor
Parents
Volunteers
Peer helpers
Remedial education
Visual and hearing screening
Audiological services
Behavior management

Special Considerations

Each school system should establish a policy for giving medication to students during the school day. Medication prescriptions should be updated every three months to insure correct dosage of the appropriate drugs to meet a child's present needs.

School systems need to be aware of their legal responsibility and liability in providing services to multihandicapped students. Since system policies differ in this legal area, personnel should investigate through the director of special education and the school board attorney to be sure of coverage in service areas.

The fire marshal should be invited to review the school plan prior to placement of a multihandicapped program in the building. Building or remodeling of facilities should be made in accordance with the local, state and federal code for access, safety of fire evacuation procedures and safety of students and staff. The fire evacuation procedures should be posted in several visible places, and children and staff should be instructed in the appropriate way to clear the building. A buddy system of responsibility should be developed for preschool, nonambulatory and severely impaired students to assure safe and dependable evacuation of each student. For those students mainstreamed for part of the day, the special education teacher should consult with the regular class teacher to insure that arrangements are made for safe evacuation of the handicapped students.

Enrollment

Students in multihandicapped programs should be grouped according to chronological or development level which should not exceed a three year span.

Early Childhood	3 to 6 years
Primary	7 to 10 years
Intermediate	10 to 13 years
Secondary	14 to 21 years

The number of teachers, assistants, aides and therapists needed to provide for multihandicapped students must be determined according to the population and the severity of their individual handicaps. The *Program for Exceptional Children Regulations and Procedures* states that recommended enrollment per classroom should not exceed 10 students for self-contained and six students for resource/itinerant.

The case load number for itinerant may vary according to geographic distance covered and severity of handicaps of children served.

The teacher should be the coordinator of the individual student's program to be sure that supportive services are included which enhance the total education of the student.

In-service

Communication among the members of the interdisciplinary team is vital to a coordinated program for each student. A common philosophy of education and service is best developed through an ongoing in-service program.

Understanding the needs of and providing services to multihandicapped students require that everyone employed in the program receive in-service which outlines the philosophy, service delivery models and general operation of the program in an individual system.

Preservice training should include sessions on meeting the physical needs of the students, care and use of equipment and adaptive materials, safe methods of transferring and transporting students and providing for special toileting and feeding needs.

Survival techniques for reviving and resuscitating the child in distress should be basic training for everyone associated with the program.

Suggested topics for in-service might include the following.

Adaptive Equipment
Art Therapy
Assessment
Cardio-Pulmonary Resuscitation (CPR) training sessions can be arranged through the nearest chapter of the American Red Cross or the Georgia Heart Association.
Coordination of Related Services
Heimlich Maneuver — training to relieve choking distress may be arranged through the American Red Cross.
Individualized Instruction
Medical Needs
Nonverbal Communication
Prevocational-Vocational Activities
Recreation for Multihandicapped Students
Self Care and ADL
Transfer Techniques — PT and OT
Working with Parents
Working with Paraprofessionals

Facilities

Selected schools within a school district may require some physical modification in order to accommodate the needs of physically and multiply handicapped children. State (Senate Bill 412) and federal laws (Rehabilitation Act of 1973 - Section 504) clearly spell out the specific requirements of removing architectural barriers from

school sites where physically and multiply handicapped students attend. The following are basic requirements which should be adhered to in the alteration of school plants for physically and multiply handicapped students.

Size of classroom depends upon age of children and type of handicaps.

Sixty square feet of floor space per child allows for movement of wheel chairs, walkers and other equipment.

New construction, renovation and consolidation of facilities should be undertaken only with the approval of the School Plant Unit, Georgia Department of Education.

Classroom should have two doors, one near front, one near back.

Chalkboard should be low. Bottom edge — 24 inches from the floor.

Chalktray, built with a strong curved edge, can serve as handrailing. For older children who need more support, a vertical bar is better. It should be placed at right and left edge of chalkboard.

Durable door should be a minimum width of 36 to 40 inches, equipped with kick plates.

Doors should have automatic door checks that keep the door open for wheel chairs and crutch walkers.

Doors to outside corridors should have glass areas arranged so that children clearly see other side.

Thresholds to outside and inside doors should be kept at a minimum — eliminated completely, if possible.

Long grasping bars, rather than door knobs, are preferred.

Classroom sink should be accessible from three sides.

Separate toilet facilities for the boys and girls should be adjacent to the classroom. A changing table or mat may also need to be provided for those students who are unable to use standard restroom facilities.

Toilet cubicles should be large enough to accommodate a wheel chair and equipped with grab bars.

A drinking fountain should be accessible for those in wheel chairs.

Facilities for rest are needed within the room or in a separate room with sufficient space for cots.

Floor should be made or covered with non-slip materials.

Lighting should conform to best modern practice.

Walls with a smooth finish are best.

Ceilings should be acoustically treated to prevent noise and strain.

Handrails should be recessed or without sharp corners.

Electrical outlets should be located every 10 feet.

Low windows permit easy vision to the outside.

Entrances to the building should be carefully planned so that children can be loaded and unloaded without exposure to weather.

Exit and entrance ramps should be provided with gradient to allow easy access to all areas. Ramps must be a minimum of three feet wide and there should be one foot of length for each inch of rise.

Library bookshelves and check-out areas must be accessible with aisles wide enough for wheelchairs.

The physical and occupational therapists within the school system may provide valuable recommendations and assistance in removing architectural barriers.

Chapter V
Instructional Program

Curriculum

The personality, intellectual and physical characteristics of each student within the physically and multiply handicapped population are unique, making it impossible to form a single, static guide for curriculum. The educational program for a particular student should be adapted from the regular or specialized curriculum appropriate for his or her intellectual level. (For example, a curriculum guide for the mentally handicapped program would be a foundation in developing a program for a physically handicapped student whose intellectual level is within the mentally handicapped range.) This curriculum should be expanded according to the needs of the student to incorporate functional skills which increase physical, social and vocational independence.

These areas should be considered when developing an individual plan.

Academics should follow the regular education program as closely as possible while providing adaptations necessary for physical or learning problems. Specific skills differ according to the functioning level of the child and may range from fundamental survival skills, such as crossing the street, to college preparation. The goals of each student should be considered in planning his or her program.

Communication is a prerequisite to learning. An effective means of communication needs to be established for expressive skills. An assessment of receptive skills should be included. Alternative forms of communication may include communication boards, sign language and electronic communication devices.

Activities for daily living, i.e., independence in toileting, eating, personal hygiene, dressing, grooming and transferring is essential to student maturity. This is desirable when considering the effect that dependence on those living and working with the student has on the individual's self-concept. The more independent an individual becomes, the more environments and experiences become available. If physical independence is impossible, assistive behavior and responsibility for decisions regarding self-care may be developed.

Motor Skills are essential for communication, mobility, perception and adapted physical education. These skills are necessary in the academic setting for graphic representation and self-expression. In addition, mobility provides an opportunity for the handicapped student to interact with his or her environment. Mobility may be expanded from physical mobility such as walking, crawling, and wheelchair locomotion to use of public transportation.

Perception is the organization and interpretation of sensory stimuli. Deficits in visual, auditory or kinesthetic perceptual skills may affect a student's learning style. Selection and adaptations of materials depend on the perceptual skill level of the student.

Social/emotional relationships: Self-concept development is as important to academic learning as it is to emotional well-being and adjustment. A positive self-concept encourages exploration through increased confidence. Developing appropriate interaction skills is important, too. Independence in initiating conversation, expressing needs, sharing feelings and coping with social stress is essential to maturity and the ability to function outside of a protective environment. In addition, students must accept responsibility for their behavior, recognizing and exercising their roles as participating members of the community.

Vocational skills: Specific career preparation varies according to the student's intellectual and physical capabilities. Basic to vocational independence is the ability to assume responsibility for activities of daily living. Prevocational training should include attending to tasks, following instructions, cooperating with others, working independently and developing safety habits as well as academics for specific job skills.

Physical Education: It is important that physical education be available to physically and multiply handicapped students. Often, regular physical education programs may be adapted, with input from the school therapists, into programs suitable for physically and multiply handicapped students.

Leisure Skills: All individuals need to develop recreational activities. Leisure skills equip individuals to exercise choice in how to occupy spare time and provide opportunities for socialization. Leisure skills include individual hobbies, group games and social outings.

At times, unique individual instruction may be necessary. However, physically and multiply handicapped students may benefit from instruction in other regular and special education classes and should be integrated whenever possible. Integration into other programs may be achieved through the use of adaptive equipment, abbreviated requirements, oral rather than written assignments and assistive personnel such as paraprofes-

sionals and student peer helpers. Mainstreaming has several positive aspects. Primarily, the student is being educated in the least restrictive environment. Rather than being isolated, he or she is able to share educational and social experiences with peers. This experience outside the protective special classroom is necessary for future integration into the community as an adult.

In addition, it is time consuming and unnecessary to duplicate a course of study which is already offered and could become accessible with adaptations. From the standpoint of efficient use of instructional time and for the normal academic and social development of the student, mainstreaming is essential.

Academic and functional independence is a key concept in all curriculum areas. Many areas emphasized in the school setting have equal importance in the home. To achieve independence across curriculum areas and environments, teaching efforts must be coordinated between teachers, therapists and parents. Constant communication is a must, and consistent approaches should be maintained to enable the student to develop and generalize specific skills. The educational process must be a cooperative effort.

Professional Resources

- Diagnostic Instruments and Curriculum Materials

Bacon, J. *Educational Programming for Severely Multiply Handicapped.* Dr. Floyd McDowell, Keystone Learning Center, 1934 Meeting House Road, Boothwyn, Pa., 19601.

Bender, M. and Valletutti, M. *Teaching the Moderately and Severely Handicapped: Curriculum Objectives, Strategies and Activities,* 1976, University Park Press, Chamber of Commerce Building, Baltimore, Md., 21202, Volumes I and II.

The curriculum is complete in that it provides for assessment, development of individual behavioral objectives, suggested training activities and strategies for completing the training. The curriculum areas covered in Volume I are behavior problems, self-care skills, gross and fine motor skills. Volume II includes communication, socialization safety, leisure time and functional academics.

Bigge, J. and O'Donnell, P. *Teaching Individuals with Physical and Multiple Disabilities.*

Fredericks, H. *The Teaching Research Curriculum for Moderately and Severely Handicapped,* 1976. Charles C. Thomas Publisher, 301-327 E. Lawrence Avenue, Springfield, Ill.

Haring, N. G., ed. *Developing Effective Individualized Education Programs for Severely Handicapped Children and Youth.* Department of Health, Education and Welfare, Office of Education for the Handicapped, 1977.

Lowe, H. *Teaching Physically Handicapped Children: Methods and Materials,* 1976. Charles C. Thomas, 301-327 E. Lawrence Avenue, Springfield, Ill., 62717.

McCormack, J., et al. *Educational Evaluation and Planning Package,* Volumes 1 and 2, 1976. Massachusetts Center for Program Development and Evaluation, 10 Hall Ave., Medford, Mass., 02155.

Originally developed as a guide for individual prescription planning. The planning guide covers three major areas of programming—daily living skills, motor development and early language develoment.

The Santa Cruz Special Education Management System (The TBC/BCP), 1973. Vort Corporation, P. O. Box 11132, Pala Alto, Calif., 94306.

The Santa Cruz Project presents a special education program with the necessary information for the management of that program. Included are a listing of student competencies, procedures for program operation and a system of administrative guidelines.

Schattner, R. *An Early Childhood Curriculum for Multiply Handicapped Children.* New York: John Day Co., 1971.

Somerton, M. and Turner, K. *Pennsylvania Training Model - Individual Assessment Guide,* 1975. Council for Exceptional Children, 1920 Association Drive, Reston, Va., 22091.

The model is designed to aid teachers in developing specific programs for the severely and profoundly retarded from an assessment of the individual's needs. There are four steps in the model as reported by the authors. The first is an overview of the child's skill development. In the second, each of the major areas of interest are broken into smaller developmental units from two competencies checklists. In the third step, the small developmental units of interest are further reduced into sequentially smaller steps through task analysis. And in the fourth, an educational objective is written and a prescriptive teaching approach is employed to achieve this objective. The areas covered by the model are sensory development, motor development, self-care, communication, perceptual-cognitive and social interaction. The model also provides a section on the use of continuous data charts which yield an ongoing assessment of the child's progress. Included are a flow chart of the model process and an annotated bibliography related to program areas.

Stillman, R. *Assessment of Deaf-Blind Children: The Callier Azusa Scale*, 1976. Council for Exceptional Children, 1920 Association Drive, Reston, Va. 22091.

Uniform Performance Assessment System (UPAS), Experimental Education Unit WJ-10, Child Development and Mental Retardation Center, University of Washington, Seattle, Wash. 98195. Levels A and B.

UPAS is a curriculum-referenced assessment system. The UPAS package consists of checklists, criterion tests and a tester's manual. Level A covers birth-6 years, level B covers 6-12 years and level C (in process of development) is 12-18 years.

Vulpe, S. *VULPE Assessment Battery*, 1977. National Institute on Mental Retardation, Toronto, Ontario, Canada, M3JIF.

- ***Communication***

Bliss, C. *Ontario Crippled Children's Center Symbol Communication Research Project: Teaching Guideline*. Ontario: Crippled Children's Center. September 1974. (Available from: 330 Ramsey Rd., Toronto, Ontario M4G1R8)

Bliss, C. *Semantography - Blissymbolics*. Sydney: Semantography Publications, 1965. (Available from the Canadian distributor: [illegible]ser, 195 Newton Dr., Ontario M2M2N8)

Language Skills - Techniques and Activities to Teach Basic Communication Skills to Multiply Handicapped Students. Brodsky and Burks, 190 Lincoln St., Salem, Ore., 98302, 1978.

LeBlanc, M. "What Do You Do if You Can't Talk with Your Voice or Hands?" In B.L. Lund (Ed.) *Conference on Systems and Devices for the Disabled: The Proceedings*. Boston: June 1976. (Available from the Biomedical Engineering Center, Tufts New England Medical Center, 171 Harrison Ave., Boston, Mass. 02111).

Lloyd, L., ed. *Communication Assessments and Intervention Strategies*. Baltimore, Md.: University Park, 1976.

Luster, M. *Preliminary Selected Bibliography of Articles, Brochures, and Books Related to Communication Techniques and Aids for the Severely Handicapped*. Madison, Wis.: Cerebral Palsy Communication Group, 1974(a).

Luster, M. and Vanderheiden, G. *Preliminary Annotated Bibliography of Communication Aids*. Madison, Wis.: Cerebral Palsy Communication Group, 1974(c).

The TRACE Research and Developmental Center for the Severely Communicatively Impaired (Formerly the Cerebral Palsy Communication Group), University of Wisconsin, Madison, Wis. 53706.

Vanderheiden, G. *Non-vocal Communication Resource Book*. Baltimore: University Park Press, 1978.

Vanderheiden, G. and Grilley, K., eds. *Non-Vocal Communication Technique and Aids for the Severely Physically Handicapped*. Baltimore: University Park Press, 1976.

- ***Activities of Daily Living***

Be OK Self-Help Aids. Brookfield, Ill.: Fred Sammons, 1975.

Bender, M. and Valletti, P. *Teaching the Moderately and Severely Handicapped*, Volume I. Baltimore: University Park Press, 1976.

Bowman, M., Calkin, A. and Grant, P. *Eating With a Spoon: How to Teach Your Multihandicapped Child* (Rev. ed.) Columbus, Ohio: Ohio State University Press, 2070 Neil Ave., Columbus, Ohio 43210.

Brown, L., Nietupaki, J., et al. *Curricular Strategies for Nonverbal Communication, Problem Solving and Mealtime Skills to Severely Handicapped Students, Volume VII*, Part I, Dr. Lee Grirewald, Department of Specialized Education Services, Madison Metropolitan School District, 545 W. Dayton St., Madison, Wis. 53703.

Buttram, B. and Brown, G. *Developmental Physical Management for the Multidisabled Child*. Tuscaloosa: University of Alabama, Area of Special Education.

Finnie, N. *Handling the Young Cerebral Palsy Child at Home*. New York: E. P. Dutton, 1975.

Fredericks, H., Baldwin, V., Grove, D. and Moore, W. *Toilet Training the Handicapped Child*. Instructional Developmental Corporation, P. O. Box 361, Monmouth, Ore. 97301.

Lowman, E. and Klinger, J. L. *Self-Help for the Handicapped: Aids to Independent Living*. Institute of Rehabilitation Medicine, New York: McGraw-Hill, 1969.

Perske, R., Clifton, A., McCleon, B. and Isler Stein, J. (eds.) *Mealtimes for the Severely and Profoundly Handicapped Persons: New Concepts and Attitudes*. Baltimore: University Park Press, 1977.

Robinault, I., ed. *Functional Aids for the Multiply Handicapped*. New York: Harper and Row, 1973.

- ***Motor***

Adams, R., Daniel, A. and Pullman, L. *Games, Sports and Exercises for the Physically Handicapped*. Philadelphia; Lea and Febiger, 1975.

Cratty, B. *Developmental Games for Physically Handicapped Children*. Palo Alto, Calif.: Peek, 1969.

Fait, H. *Special Physical Education: Adaptive, Corrective Development*. Philadelphia: W. B. Saunders, 1972.

Folio, R. and Dubose R. *Peabody Developmental Motor Scales* (revised experimental edition). 1974, IMRID, Box 163, George Peabody College, Nashville, Tenn. 37203.

The Peabody Developmental Motor Scales were designed as a guide to gross and fine motor skills occurring between birth and seven years of age. There are 170 skills in the gross motor area with 106 skills in the fine motor section.

Geddes, D. *Physical Activities for Individuals with Handicapping Conditions*. St. Louis, Mo.: C. V. Mosley, 1974.

Kephart, N. *The Perdue-Perceptual Motor Survey*. Columbus, Ohio: Charles E. Merrill, 1960.

Mobilizing Multiply Handicapped Children. University of Kansas, Independent Study, Division of Continuing Education, 1246 Mississippi, Lawrence, Kan. 66045.

- ***Social/Emotional Relationships***

Bunt, J. and Meeks, L. *Education for Sexuality, Concepts and Programs for Teaching*. Philadelphia: W. B. Saunders, Co., 1975.

DUSO Kit. American Guidance Service, Inc., Publishers Building, Circle Pines, Mich. 55014.

Feeling Free. Scholastic, 904 Sylvan Ave., Englewood Cliffs, N.J. 07632.

Sapienza, B. and Thornton, C. *Curriculum for Advanced Family Life for the Physically Disabled.* Outline for students, 1974 (Available at McAteer High School, San Francisco United School District, San Francisco, Calif.).

Social and Sexual Development. Special Education Curriculum Developmental Center, University of Iowa, Iowa City, Iowa 55240.

- ***Prevocational/Vocational***

Baratta-Lorton. *Workjobs: Activity Centered Learning for Early Childhood Education.* Menlo Park: Addison Wesley Publishing Co., 1972.

Haring, N. and Bricker, D. *Teaching the Severely Handicapped,* Volume III. Columbus: Special Press, 1978.

Haring, N. and Brown, L. *Teaching the Severely Handicapped,* Volume II. New York: Grune & Stratton, Inc., 1977.

Karan, O. Wehman, P., Renzaglia, A., and Schutz, R. *Habilitation Practices with the Severely Developmentally Disabled,* Volume I. Madison: University of Wisconsin - Madison, 1976.

McLaughlin and Wehman. *Vocational Curriculum for Severely Handicapped Students.* Published by Northeast Georgia CESA, C. L. Cain, Director, 375 Winters St., Wintersville, Ga. 30683.

President's Committee on Employment of the Handicapped, Washington, D.C. 20210.

- ***Adaptive and Assistive Equipment***

A Catalogue of Materials for the Severely Handicapped. Wayne K. Myers, P.L. 89-313 Coordinator, Retardation Program Office, 1311 Winewood Blvd., Tallahassee, Fla. 32301.

Bigge, J. *Systems of Precise Observation for Teachers.* Film and printed guidelines. Bureau of Education for the Handicapped, U.S. Office of Education, 1970.

Hofman, R. *How to Build Special Furniture and Equipment for Handicapped Children.* Springfield, Ill.: Charles C. Thomas, 1975.

Northall, J. E. and Melichan, J. F., eds. *Information Systems on Adaptive and Assistive Equipment Used in Schools for Physically Handicapped Children* (ISAARE) San Mateo, Calif.: United Cerebral Palsy Association of Portland, Ore., Adaptive Systems, 1975.

Rosenberg, C. *Assistive Devices for the Handicapped.* Atlanta: Stein Printing Co., 1968.

Wheelchair Selection: More than Choosing a Chair with Wheels. Sister Kenny Institute, Chicago Ave. at 27th St., Minneapolis, Minn., 1977.

- ***Medical Aspects***

Bleck, E. and Nagel, D., eds. *Physically Handicapped Children: A Medical Atlas for Teachers.* New York: Grime & Stratton, 1975.

Gadow, K. *Children On Medication; A Primer for School Personnel.* 1979, Council for Exceptional Children, 1920 Association Dr., Reston, Va. 22091.

Haslem, R. and Valletutti, P. *Medical Problems in the Classroom.* Baltimore: University Park Press, 1975.

Love, H. and Walthall, J. *A Handbook of Medical, Educational and Psychological Information for Teachers of Physically Handicapped Children.* Charles C. Thomas, 301-327 E. Lawrence Ave., Springfield, Ill. 62717, 1977.

Peterson, R. and Cleveland, J. *Medical Problems in the Classroom: An Educator's Guide.* Springfield, Ill.: Charles C. Thomas, 1976.

- ***Working with Parents***

Apgar, V., and Beck, J. *Is My Baby All Right?* New York: Trident Press, 1973.

Describes many handicapping conditions, explains clearly how and why these conditions occur, and what effects they may have on the child.

Becker, W. *Parents are Teachers.* Champaign, Ill.: Research Press, 1971. (2162 N. Mathis Ave., 61820.)

The use of behavior management is explained in the ten-unit course for parents. Through the use of dialogue, graphics, charts and examples, the principles of using both social and tangible reinforcement are explored.

Exceptional Children: The Parent-Professional Partnership. 1975. Council for Exceptional Children, 1920 Association Dr., Reston, Va. 22091.

The Exceptional Parent. P. O. Box 4944, Manchester, N. H. 03108.

Hoffman, S. *Infant Stimulation: A Pamphlet for Parents of Multiply Handicapped Children.* CRU, Kansas University Medical Center, Kansas City, Kan.

Parents' Evaluation of their Child's Handicap, Comprehensive Training Program for Infant and Young Cerebral Palsied Children. Dammer Kiwanis Children's Division, 9001 W. Watertown Plank Rd., Milwaukee, Wis. 53226.

Spock, B., and Lerrigo, M. *Caring for Your Disabled Child.* New York: Collier Books, 1976.

Stein, S. *About Handicaps: An Open Family Book for Parents and Children Together.* New York: Walker & Co., 1974.

The adult text describes and explains the motivation and feelings that are found in the easier story for children. A book to be shared.

Working with Parents of Handicapped Children. 1976, Council for Exceptional Children, 1920 Association Dr., Reston, Va. 22091.

Written primarily for teachers of young children. This handbook attempts to help teachers understand their feelings and those of the parents.

Methodology

The educational program of the physically and multiply handicapped student should consider the students' diversity in terms of chronological age, mental age, level of achievement, level of social and emotional development and ability to communicate. In planning an educational program for a student, the following should be taken into consideration.

Most standardized tests are difficult to use with the physically disabled student. The test format must be adapted for the student with impaired expressive skills. Adaptations may range from extending time limits for students with slow speech and writing to changing the presentation format to allow a multiple choice response rather than a verbal explanation. In some cases the most accurate and effective assessment for the PH/MH student may be daily observation supplemented with informal testing by the classroom teacher.

Individualized instruction is important in planning an educational program that will meet the unique needs of each student. The teacher will need to consider the student's level of functioning, goals and objectives, resources and materials, severity of the handicap and others involved with the student.

To increase the independence level of the student, many materials must be adapted for his or her use. Adaptations may be made in the actual material or in the positioning of the student for a specific activity. The classroom should contain specialized equipment in order to make the necessary changes to meet the assessed needs of the student. The occupational and physical therapists will help the teacher and the parents provide and use these adaptations.

Supplementary personnel are essential in meeting the variety of needs within the classroom for the physically and multiply handicapped. The paraprofessional is the main assistant. However, pairing students who can provide mutual support (e.g., one reads the other turns pages) allows for independent classwork and encourages

positive feelings of contribution in the students. Peer helpers, volunteers from outside of the classroom, are an important source of assistance. Many guidance and counseling departments are developing peer helper programs for which students receive academic credit. Teachers of multihandicapped students should take advantage of this trend and relate their students to the program. Interaction with nonhandicapped peers is extremely important to the students' feelings of independence and acceptance in the school. Peer helpers may serve as transportation aides pushing wheelchairs or classroom assistants taking notes and reading texts or counselors as friends for sharing feelings. Peer helpers enable multihandicapped students to participate in regular class settings.

The teacher should be sensitive to the needs of the student and allow for flexible scheduling. A severely handicapped student may require a longer period of time to complete an activity. Physically and multiply handicapped students mainstreamed for part of the day may require additional time in the special class to complete outside assignments or may require shortened assignments.

Classroom Materials and Equipment

Materials and equipment for a class of physically or multiply handicapped children should include standard equipment such as adequate storage space, filing cabinets, shelving and teacher's desk. A portion of the classroom may be carpeted, especially for the elementary grades, since a great deal of activities will take place on the floor. The following list suggests materials that may be necessary in a multihandicapped classroom; however, it is recommended that the composition of the class and the individual needs of students be assessed prior to ordering. The severity of the handicaps will determine the amount of adaptive equipment necessary and affect the projected cost of furnishing a new unit.

Furniture

Adjustable tables (round or rectangular - may be available in the system)
Adjustable individual desks or tables
Standing tables
Modified classroom chairs
Rocking chair - adult and child (preschool and elementary program)
Adult chairs
Study carrels
Giant easel and chalkboard (adjustable)
Mat - large
Individual mats
Portable screen
Travel chair or wheelchair (donated or used)
Wedges
*Slant board
*Book holder
*Lap tray

*To minimize cost, these could be made by the vocational program in the school under the direction of the occupational or physical therapist.

Audiovisual

Cassette recorder
Listening station
Record player
Language master
Filmstrip projector
Television

The physically, multiply handicapped students would be eligible for audiovisual equipment through the Library for the Blind and Physically Handicapped.

Instructional Materials and Equipment

Basals (consider county adopted)
Pre-reading materials
Programmed materials - ex. Pro Pal
Peabody Kits
DUSO Kit
Portable flannel board
Consumable supplies
Manipulatives
Adaptive writing equipment
Electric typewriter with key guard (optional—based on needs of students)

Self-help

Adaptive toileting equipment
Adaptive feeding equipment
Towels and bath cloths
*Antibacterial spray
*Disposable diapers (should be furnished by students with one box for emergency use)

*Information should be obtained regarding possible allergic reactions of students in the class.

Resources within the system and resources available through other agencies should be investigated prior to ordering. Section VIII contains the names of catalogs which should be helpful when selecting materials and equipment.

Related Services

Additional related services may be necessary in order for the physically or multiply handicapped child to benefit from special education. These may include the following.

Occupational Therapy
Refer to section VI

Physical Therapy
Refer to section VI

The speech and language pathologist/communication specialist is a valuable resource in educating physically and multiply handicapped students.

Developing a communication system is vitally important to the education of everyone, but especially to multi-handicapped. A child may learn to express himself or herself through words, signs, pictures or pictograph symbols, but it is important that he or she learns to make his or her wants known. In order to do this the child should develop inner language, receptive language, first. A communication specialist is able to deal in the many varied modes of receptive and expressive language and to enable each child to communicate in the best way possible for him or her.

The leisure time and recreation specialist (includes adaptive physical education) takes the educational program beyond the sphere of the classroom and home, to the playground, camp and community to develop skills and abilities in the use of leisure time. It is the combination of education and recreation that gives the multi-handicapped the sense of achievement that enables the student to enjoy life in school and out. The leisure time and recreation specialist plans and develops programs to involve each student as much as possible in individual and group recreation. A creative approach to the program will have students participating in activities such as canoeing, camping, fishing, skiing, volley ball, relays, obstacle courses, yoga and trampoline, depending on individual ability.

The music therapist can make music activities a part of curriculum content areas such as history, reading, language, mathematics and current events. Personal expression, music appreciation and the benefits of participation may be gained from singing or listening to music, participating in a rhythm band or making instruments.

The art specialist has an understanding of the limitations which inhibit multihandicapped students and an appreciation of the value of self-expression through art.

Chapter VI
Occupational and Physical Therapy in Public Schools

The "right to a free appropriate education in the least restrictive environment with emphasis on special education and related services designed to meet each student's unique needs" is assured to all handicapped children by the enactment of P.L. 94-142. But, the unique physical and emotional needs of exceptional children may interfere with the total education process.

The occupational therapist and the physical therapist with skill and knowledge acquired through specialized education can contribute to the management of problems that interfere with optimal learning. The therapist, as a part of a team, works with other educational personnel and parents in removing any potential barriers which may hinder the student in achieving the goals of the IEP. The team has a responsibility to the child's physical and cognitive development.

Occupational therapy and physical therapy services offered in the educational environment include screening, evaluation, treatment, consultation, education for parents and school personnel, interaction with athletic programs and home and school program planning.

Occupational therapy emphasizes the development and performance of everyday self-care and preacademic activities.

Physical therapy emphasizes the development and refinement of basic locomotor skills.

The occupational therapist and physical therapist can enhance the child's opportunity for optimal function by working with the child in the following areas.

- Positioning, in order to maintain the child in the best position for learning.
- Range of motion to prevent deformities which might interfere with functional use of the extremities required for school tasks.
- Transfer skills, to permit the child to manage in the classroom with minimum assistance.
- Ambulation training, to obtain maximum mobility within the total educational environment.
- Strengthening of muscular and respiratory systems, to increase endurance and tolerance in order to physically remain in school for a full day and on a regular basis.
- Increasing speed, accuracy and strength in manipulative skills including adaptation of materials for eye-hand coordination, in order to effectively permit the child to participate in academic situations which require these skills.
- Training in daily living skills, in order to attain maximum independence in the educational environment.
- Sensory integration therapy to promote organization and integration of brain function as foundation for higher perceptual skills.
- Enhancement of gross and fine motor experiences as an adjunct to cognitive function.
- Perceptual training, to establish the position of the body in space, body image and function and tactile, kinesthetic and visual perception.
- The development of skills related to the use of orthotic and prosthetic devices.

Such activities lead directly to the functioning of the student in the class and should point the way toward a cooperative effort between the occupational therapist, physical therapist, teacher and parent.

Occupational and Physical Therapy — Federal Definition

Occupational Therapy

P.L. 94-142 defines occupational therapy as a related service which may be required to help a handicapped child benefit from special education.

Occupational therapy may include:

- improving, developing or restoring functions lost through illness, injury or deprivation;
- improving ability to perform tasks for independent functioning when tasks are impaired or lost;
- preventing, through early intervention, initial or further impairment or loss of function.

Physical Therapy

P.L. 94-142 defines physical therapy as a related service which may be required to help a handicapped child benefit from special education.

Physical therapy may include

- providing for physically impaired students a therapeutic exercise program designed to improve or maintain strength and range of motion and to encourage motor and reflexive development.
- recommending adaptive equipment to aid the student in performing ambulation, physical exercise, communication skills, wheelchair activities and proper positioning.
- guiding the classroom teacher and others working with the child in the safest procedures for positioning and helping the physically impaired.
- improving coordination and providing perceptual motor skills training.

Occupational and Physical Therapy — State Licensure Act

Occupational Therapist

The Georgia Occupational Therapy Licensing Act defines an occupational therapist as "a person licensed to practice occupational therapy as defined in this act and whose license is in good standing."

Any person who is issued a license as an occupational therapist under the terms of this Act may use the words "occupational therapist registered", "licensed occupational therapist", or "occupational therapist", or may use the letters "O.T.R.", "L.O.T.", or "O.T." in connection with his or her name or place of business to denote registration hereunder."

Physical Therapist

The Georgia Physical Therapy Licensing Act defines a physical therapist as a person licensed to practice physical therapy as defined in the *Rules and Regulations Governing the Practice of Physical Therapy in Georgia.*

Any person who is issued a license as a physical therapist in the terms of this Act may use the words Registered Physical Therapist or Licensed Physical Therapist or Licensed Physical Therapist or may use the letters "R.P.T.", or "L.P.T.", or "P.T." in connection with his or her name or place of business to denote registration.

Therapy Assistant — State Licensure Act

Occupational Therapy Assistant

The state licensing act decrees that an "occupational therapy assistant means a person licensed to assist in the practice of occupational therapy under the supervision of or with the consultation of the licensed occupational therapist and whose license is in good standing." Any person licensed as an occupational therapist assistant under the terms of this chapter may use the words "Occupational Therapy Assistant" or "Certified Occupational Therapy Assistant" and may use the letters "O.T.A.", "L.O.T.A." or "C.O.T.A."

Registered Physical Therapy Assistant

In the *Laws Governing the Practice of Physical Therapy in Georgia*, it states that a "Physical Therapy Assistant means a person who assists in the practice of physical therapy under the supervision and direction of a physical therapist." Any person licensed as a physical therapy assistant under the terms of this chapter may use the words Registered Physical Therapy Assistant or Licensed Physical Therapy Assistant and may use the letters "P.T.A.", "R.P.T.A." or "L.P.T.A."

Occupational and Physical Therapist in the School

Occupational Therapist in School Setting

"An occupational therapist evaluates and treats children who may have difficulty performing self-help, play or school-related activities. The aim is to promote self-sufficiency and independence in these areas." (Kieran, 1978)

Physical Therapist in School Setting

"A physical therapist evaluates and plans physical therapy programs. He/she directs activities for promoting self-sufficiency primarily related to gross motor skills such as walking, sitting, and shifting position.

He/she also helps people with special equipment used for moving such as wheelchairs, braces and crutches." (Kieran, 1978)

Therapy Aides

Occupational and physical therapy aides are nonlicensed personnel who receive an on-the-job training program and on-site supervision from the therapist. Georgia law requires direct supervision of aides by a licensed therapist.

The following chart further outlines the areas of expertise of the occupational therapist and physical therapist in the public schools.

MODALITY CHART OF OCCUPATIONAL THERAPY AND PHYSICAL THERAPY WITH OVERLAPPING SKILLS AND RECOGNITION OF GREATER PROFESSIONAL TRAINING AND ENTRY-LEVEL EXPERTISE

OCCUPATIONAL THERAPY	OVERLAP MODALITIES	PHYSICAL THERAPY
Oral motor and feeding and fine motor	Proper positioning	Gross motor and mobility
Related to academic performance	Neurodevelopmental and neuromuscular facilitation of motor skills	
	Sensory motor integration	
	Post-operative rehabilitation	
	Selection, design, construction and monitoring of prosthetic, orthotic and adaptive equipment	
	Management of skin care	
	Strengthening and mobility activities	
	Activities to develop postural control and integration	
Programming related to adaptive/skilled activities	Instruction in self-care activities	Programming related to general mobility
	Parent training programs	
	Bowel and bladder management	Instruction in bowel and bladder management
	Consultant to architectual needs of handicapped	
Instruction in activities which use different gait patterns		Gait training
	Graded activity programs for cardiopulmonary rehabilitation	Pulmonary exercises
		Cardiovascular fitness program
	Adaptation of and instruction in specific activities required in the educational environment	
Prevocational program		
Activities to promote emotional adjustment and interpersonal functioning		Application of physical modalities such as heat, water, ultra-sound, diathermy

Student Eligibility

The population served are those individuals with identified physical handicaps, sensory deficits, motor deficits or developmental delay which interferes with the achievement of their maximal learning potential. Specific handicapping conditions may include minimal brain dysfunction, seizure disorder, cerebral palsy, muscular dystrophy, meningomyelocele, rheumatoid arthritis, cystic fibrosis, scoliosis and various physically debilitating syndromes.

Those students with physical impairments are eligible to receive physical therapy if they are referred by "a person licensed or registered in this state to practice medicine, surgery or dentistry and whose license is in good standing."

Occupational therapists are required to work closely with physicians, but are not limited to working under a physician's referral. This is consistent with the Georgia Occupational Therapy Practice Act and the AOTA's statement on referral.

The State Board of Education of the State of Georgia defines four priority categories for the treatment of handicapped children.

First Priority School-aged (five to 18 years) handicapped children who are not receiving an education.

Second Priority School-aged (five to 18 years) handicapped children with the most severe handicaps in each disability area who are receiving an inadequate education.

Third Priority School-aged (five to 18 years) handicapped children with moderate handicaps in each disability area who are receiving an inadequate education.

Fourth Priority Handicapped children, ages zero to four and 19-21 years, who are not being served or are being inadequately served.

Currently, many local education agencies (LEAs) are moving toward a full service delivery model which includes all priorities established by the law.

Occupational therapy/physical therapy priorities for services should relate to the following criteria.

Extent of disability

High: School performance depends extensively on therapeutic intervention, i.e., severely handicapped. Severely handicapped—prevents participation in educational program activities.

Moderate: Therapy needs are as important as other program needs, i.e., moderate handicapped. Moderate handicapped—interfers with participation in educational activities.

Low: Therapy needs are of lesser priority than educational program needs, i.e., mildly handicapped. Mildly handicapped—participation in educational activities needs improvement.

Age

High: Zero to eight years

Moderate: Nine to 13 years

Low: 14 to 21 years

Other available resources for occupational therapy/physical therapy services.

High: Not possible to meet needs by other than direct therapy.

Moderate: Parents and teachers can meet needs but need regular input from therapist.

Low: Parents and teachers meet all or most needs with minimal input from therapist.

Potential for improvement or maintenance of function

High:	Significant improvement possible or has not yet had an opportunity for treatment and appears to have potential for improvement with therapy.
Moderate:	Therapy plays a significant role in maintaining functic and preventing deformity or potential for change unclear.
Low:	Appears to have plateaued and is maintaining his or her level of function.

The following assessment form is a sample of the type of form used to help determine priority students.

COBB COUNTY PUBLIC SCHOOLS
DEPARTMENT OF SPECIAL EDUCATION
OCCUPATIONAL AND PHYSICAL THERAPY
ASSESSMENT FOR SERVICE *

NAME _____ BIRTHDATE _____ SCHOOL _____

Functional Status	Normal	Slightly Abnormal Needs Improvement	Moderately Abnormal Interferes with Skills	Severely Abnormal Prevents Performance
I. Gross Motor				
A. Muscle Tone	0	1	2	3
B. Postural Alignment	0	1	2	3
C. Muscle Strength	0	1	2	3
D. ROM	0	1	2	3
E. Functional Gait	0	1	2	3
F. Respiratory Control	0	1	2	3
II. Developmental Skills				
A. Head Control	0	1	2	3
B. Rolling	0	1	2	3
C. Creeping	0	1	2	3
D. Sitting	0	1	2	3
E. Kneeling	0	1	2	3
F. Half-kneeling	0	1	2	3
G. Standing	0	1	2	3
H. Reflex activity	0	1	2	3
II. Fine Motor				
A. Prehension Development	0	1	2	3
B. Accuracy	0	1	2	3
C. Bilateral Activities	0	1	2	3
IV. Sensory Integrative/Cognitive				
A. Visual/Spatial	0	1	2	3
B. Tactile	0	1	2	3
C. Motor Planning	0	1	2	3
D. Vestibular	0	1	2	3
E. Inter-hemispherical	0	1	2	3
F. Attention Span	0	1	2	3
G. Ability to Follow Directions	0	1	2	3
V. Play/Work Skills				
A. Age-level School Work	0	1	2	3
B. Individual Play/Leisure Pursuits	0	1	2	3
C. Writing	0	1	2	3

* Adapted from Taylor Priority Assessment

Functional Status	Normal	Slightly Abnormal Needs Improvement	Moderately Abnormal Partial Dependence	Severely Abnormal Complete Dependence
VI. Self-Maintenance/ADL				
A. Oral-motor	0	1	.	3
B. Feeding	0	1	2	3
C. Dressing	0	1	2	3
D. Grooming/Hygiene	0	1	2	3
E. Toileting	0	1	2	3
F. Transfers	0	1	2	3

	No Intervention	Requires Intervention
VII. Adaptations and Equipment		
A. Environmental Adaptations	0	3
B. Bracing/Splinting	0	3
C. Wheelchair/Mobility Equipment	0	3
D. Personal Adaptations	0	3

Comments:

DRAFT

Service Priorities

Comments:

I. Age

A.	14 - 17	0
B.	9 - 13	1
C.	5 - 8	2

II. Expected response to treatment

A.	Little or no gains anticipated	0
B.	Maintain function; potential unclear	1
C.	Significant gains anticipated	2

III. Needs met by others

A.	Can be met by others; periodic consult	0
B.	Minimum therapy	1
C.	Direct service	2

IV. Immediacy of Needs/Relation to other needs

A.	No immediate need	0
B.	Low Priority	1
C.	Equal or greater	2

V. Behavior

A.	Unmanagable; not receptive	0
B.	Questionable	1
C.	Cooperative	2

DRAFT

Score: Functional Status points x Service Priority points ÷ 5

0 - 37 No direct therapy, possible consultation
38 - 74 Low priority, minimum therapy
75 - 213 High priority (includes moderate, severe, and profound handicaps)

Comments:

Date of Assessment _____

PT/OT _____

Recommended Procedure for Initiating Service

Referral from principal, parent, teacher, aide or physician to the special education coordinator should be in writing.

All due process procedures must be followed.

Therapist must notify parents of the referral and explain therapy program and procedures.

Parents must sign a release form to allow screening, evaluation and treatment as indicated. Release of medical information and consent for photographs should be signed if necessary.

Screening determines the appropriateness of service. If the child does not need the services, the results of the screening will be shared with the parents, special education coordinator and referral source.

A physician's referral in writing for services and medical information is required for physical therapy services. Both physical and occupational therapists work closely with the physician; however, physical therapy requires written medical referral. In many instances only limited medical records are present in the school. OTs and PTs should contact the students' physicians to discuss medical history, course of illness, evaluation results and treatment plan.

The student is evaluated following contact with a physician. The purpose of the assessment is to document functional level and to determine the service beneficial to the student.

Staffings include the special education coordinator, teacher, principal, aides, therapists, parents and other professionals.

The individual program plan will be developed in conjunction with all involved professionals, the parents and the child when appropriate. Percentage of time will be determined by the therapist. The long- and short-term goals will be developed during this meeting.

The parents will sign a consent form for placement in the Special Education Program in order to receive related services.

A copy of the initial evaluation and program plan will be sent to the referring physician and to the special education coordinator.

A record of the child's attendance in therapy will be placed in the child's folder.

Periodic re-evaluations and program modifications will be done when deemed necessary by the therapist or at least annually.

Close communication will be maintained with the physician and educational staff.

The Annual IEP review is shared with the physician.

The special education committee should review current information from the doctor, therapist, teacher and parent in order to terminate service. However, if the doctor recommends termination of therapy, then therapy should be discontinued.

Service Delivery

In order to plan for occupational/physical therapy services and to monitor continuously the needs of handicapped children, a needs assessment is essential. Components of the needs assessment include

- population to be served including number, medical/physical status and therapy needs;
- manpower, including therapists, assistants, teachers, aides, as well as secretarial services available to aid the therapy programs. Indicators include functions and duties, certification/licensure and organizational structure;
- geographic location and size of individual programs including the distance between schools and student/teacher ratio;

- space available for therapy in various schools where handicapped children needing services are located;
- equipment available compared to equipment needed based on children's needs;
- policies, procedures and philosophies including referral, screening and evaluation mechanisms, record keeping methods and forms and school policies;
- budget requirements including direct costs (salaries, equipment and travel) and indirect costs (benefits, administrative costs and maintenance of physical plant);
- time constraints including pre-allocated time, school operating days and hours and number of therapy hours;
- potential for occupational/physical therapy student affiliates.

Program objectives are established by determining the discrepancy between the existing state of the school system and the needs of the school system related to occupational and physical therapy. Objectives should be established in five different areas — student care, administration, education, consultation and quality assurance. Additionally, objectives may be established for research activities and initial research objectives could relate to the determination of areas for research.

Physical and occupational therapy services can be provided through direct hiring of therapists through school systems, primarily special education programs; LEA cooperative shared services; contracted arrangements with private agencies or private therapists; and cooperative services through health departments.

OTs and PTs have been mandated by Public Law 94-142 as supportive services for the special needs student. Therapy which is provided as a part of the school setting has a different orientation than therapy practiced in clinical setting. **Therapy in the school is a part of the total educational program.**

Therapists are participating as members of the educational team in developing the most appropriate individualized education plan.

Therapists are entering the educational setting as allied health professionals governed by their licensure and Standards of Practice Acts.

Requirements for employment of occupational and physical therapists must have different considerations than those established for educators with regard to the practice of their professions. Therapists must be regulated by their own governing bodies as it concerns professional supervision, educational preparation and continuing education requirements.

Occupational Therapy

All occupational therapists and occupational therapy assistants must be licensed by the state of Georgia for the practice of occupational therapy. Recent graduates and new state residents will be given a temporary license which will allow six months in which to meet the requirements of the Georgia Occupational Therapists Act. According to the Georgia Code Chapter 84-7112 an applicant may be licensed to practice occupational therapy in this state if he or she meets the Georgia State Board of Occupational Therapy Requirements.

(See Appendix C for the address for ordering these documents.)

Physical Therapy

All physical therapists and physical therapy assistants must be licensed by the state of Georgia for the practice of physical therapy. The candidates for licensure are those persons who are graduates of a school of physical therapy accredited by a recognized accrediting agency and approved by the Georgia State Board of Physical Therapists; and, in addition, meets all other requirements of Section 84-3013 of the Georgia Physical Therapy Act. Recent graduates and new state residents will be given a temporary license which will allow six months in which to meet the requirements of the Georgia Physical Therapy Act.

Occupational and physical therapists working in a school system must not only comply with the requirements of their State Practice Acts and Standards of Practice, but also must conform to the Special Education Regulations and Procedures concerning Procedural Safeguards.

Direct Services from Occupational and Physical Therapists

Identify and rank children needing occupational therapy/physical therapy services by screening large numbers of children and by assessing individual children.

Evaluate students using evaluative tools and skills unique to occupational therapists and physical therapists, assessing such areas as

Occupational Therapy	Physical Therapy
developmental evaluation	developmental evaluation
joint range of motion	joint range of motion
muscular development	muscular development
postural reflex maturation	postural and gait deviations
body alignment	pain evaluation
perceptual motor/sensory motor development	perceptual motor/sensory motor development
activities of daily living	activities of daily living
functional oral skills	functional oral skills
orthotic/prosthetic needs	orthotic/prosthetic needs
adaptive equipment	adaptive equipment
prevocational skills	muscle strength and tone
play and leisure skills	respiratory function
	endurance

Design and plan therapy intervention programs through the staffing team and Individual Education Program.

Coordinate intervention programs with educational objectives.

Obtain or develop needed resources for students.

Additional experience to enhance the quality of delivery of therapeutic services includes

several years work experience in occupational therapy/physical therapy, one or more of which has included pediatric involvement;

evidence of participation in continuing education, particularly as it relates to children with special needs;

additional background in educational courses;

membership in a professional organization, e.g., American Occupational Therapy Association, American Physical Therapy Association, Georgia Alliance of Occupational and Physical Therapists in the School System, Council for Exceptional Children;

experience in a multidisciplinary setting;

experience working in pediatric, community health, developmental disability or a home-based program in which cooperative interaction and use of a variety of community resources is required;

skills in communication, supervision and administration, as required by the educational program for the delivery of therapy services.

The roles and responsibilities of the occupational and physical therapist in the school system is to help educate handicapped and promote early identification of handicapping conditions in children.

Implement and modify intervention plans using such treatment procedures as

positioning
neurodevelopmental and neuromuscular aid to enhance motor skills
sensorimotor integration
gait training
pulmonary exercises
post-operative rehabilitation
monitoring of prosthetic, orthotic and adaptive appliances
management of skin care
strengthening exercises
cardiovascular fitness
joint mobility/stability procedures
modalities
postural control
instruction of bowel and bladder management
self-care activities

Assess the outcome of the therapy intervention programs in relation to educational needs.

Programming services to be planned by OT/PT and administered by another person (i.e., parent, teacher or assistant) with periodic monitoring by the support service staff member.

Consultation provides the means by which the greatest variety of services can be given to children and the schools through general and specific activities. The goals of consultation are to

help integrate handicapped children into school programs;
provide services to a large number of children;
avoid duplication of services where children are receiving therapy services outside the school environment;
help identify and use community resources.

General consultative services

Suggestions for the elimination of architectural barriers
Advisory capacity regarding special equipment considerations
Long range planning for the handicapped within the school setting

Specific consultative services

Interpretation/explanation of

special education, individual educational plan staffings
physical abilities and disabilities
rationale for therapy intervention
serving as a liaison between school and medical community

Prevention

Safety considerations for staff and students
Recommendations for the prevention of contracture, deformity, fracture, etc.

Efficient management of therapy service depends on the following.

Determining space, personnel and equipment requirements
Obtaining and allocating resources based on need
Assisting in budget planning and management
Developing a system for documentation and record keeping
Supervising supportive personnel and student affiliates
Participating in program planning and development

Education

Instruct children and families in follow-through activities which should be part of each child's day.
Train classroom personnel in follow-through activities and in principles related to occupational and physical therapy such as special skills necessary for proper handling and positioning and use of adaptive and assistive devices.

Staffing and Placement

Aid in planning individual programs by providing information related to the effects of physical handicaps on overall school performance.

Work within the educational environment not only to evaluate and treat but also to work as a part of the team in staffing and placement decisions.

Help integrate educational and developmental goals.

Provide appropriate instruction and supervision to those individuals assisting in implementating occupational therapy/physical therapy programs.

Provide education to team members, including parents, regarding principles of development and remediation techniques to insure quality care.

Develop record keeping system for accountability to be used across a variety of disciplines.

An important aspect of therapist's role in the school system is to provide full and part time field work experience for occupational therapy students and physical therapy students. The school therapist can offer a unique pediatric training experience in an educational setting. Student therapists can assist in the caseload, offer new ideas and enhance the quality of the program.

This responsibility requires time in planning field work experience, supervising student performance and interaction with university clinical coordinators.

In order to insure quality service from newly licensed therapists, it is essential to provide field work experience in this setting.

The occupational therapist/physical therapist is often isolated from other health care providers. The educational needs of such a person are not provided for in the same manner as are those for teachers.

Mechanisms should be developed to provide for the educational needs of occupational/physical therapists through

leave time for attendance at educational programs;
financial support of attendance at educational programs;
sponsoring educational programs;
site visits at other school systems providing occupational therapy/physical therapy services.

The need for occupational therapy/physical therapy is dependent upon

number of referrals,
geographic size of the system,
total number of students in the system,
the type and severity of the handicaps,
current status of therapy program and whether it is a new or established program.

The following is a guideline to the scheduling of time in a therapist's day.

3½ - 4 hours	direct programming or consultative services
1 - 1½ hours	travel
1 hour	program administration

1 hour	program development, making, ordering or arranging for adaptive equipment, attending placement and staff meetings
½ hour	lunch

Since most therapists cover more than one school it is important to include travel time as part of the day's schedule. If a therapist has no required traveling, the time can be spent in any of the three other areas.

Occupational Therapy/Physical Therapy Setting

Therapy services are provided in many settings. Therapy can be conducted in the classroom, cafeteria, bathroom or playground depending on the skill being taught. This is to insure that functional training of skills will be completed in as nearly-to-natural environment as possible. A separate room specifically designated for therapy is necessary for evaluation and treatment of students when an isolated environment is deemed necessary, constructing adaptive equipment, program planning and documentation. The therapy area should provide

open floor space for mat, gross motor, sensory-integrative and wheelchair activities;

adjustable child-sized tables and chairs or wheelchair accessible tables for fine motor, eye-hand and self-care activities;

adapted toilet facilities adjacent to the room for toilet training;

sink in the room for grooming and general use for craft activities and water play;

access to a kitchen area for housekeeping activities;

access to band saw, sander and other woodwork equipment for adapted devices and equipment;

access to or adaptation of ceiling beams from which to hang suspended equipment such as a suspended balance platform;

carpeted floor space for gross-motor and fine-motor tasks in sitting or lying positions;

storage space for large and small equipment (closet, cabinets);

work space for therapist's desk, file (cabinet).

Additional considerations for the therapy area include the following.

For optimal use of the therapist's time, the therapist should have access to other personnel in the school; for example, help from a carpenter when constructing adaptive devices or equipment, clerical aid for typing reports and housekeeping aid for cleaning the therapy area.

For most efficient use of space and budget, the therapist should have input into planning new construction, renovating existing structures and ordering equipment.

Equipment

Occupational therapy and physical therapy equipment and materials should only be purchased after consultation with a registered therapist who knows about the needs of school-based therapy programs. These items will vary somewhat depending on the age and ability levels of the students. The following list gives examples of some basic equipment and materials appropriate to a multihandicapped program.

Occupational Therapy

Assessment Tools	Equipment	Materials
Stopwatch	Mat	Splinting supplies
Goniometer	Hammock	Adapted feeding and self-care supplies
Dynamometer	Large therapy ball (5 feet diameter)	Basic care supplies
Standardized and criterion-referenced test batteries specific to the area	Scooter board	Visual/perceptual materials
Tape measure	Balance platform	Office supplies
	Mirror	
	Vibrator	
	Bolster	
	Positioning equipment (prone board, wedge, corner chair, pony chair)	
	Electric typewriter (with adaptations)	
	Developmental toys (fine motor)	
	Visual/perceptual materials	
	Adaptive feeding and self-care supplies	

Splinting materials and orthotic-prosthetic equipment may or may not be part of school equipment, depending on the therapist's assessment of the program's need.

Physical Therapy

Assessment Tools	Equipment	Materials
Goniometer	Posture mirror	Rolls
Stopwatch	Table or mat platforms	Wedges
Sphygmomanometer	Floor mat	Items for fine motor development
Stethescope	Therapy ball	Eating, drinking, dressing and grooming aides
Dynamometer	Balance board	Communication devices
Tape measure	Standing table	Positioning aides
Standardized tests	Prone stander	Office supplies
	Exercise weights	
	Ambulatory devices (canes, crutches, etc.)	
	Stair set	
	Mobility devices (tricycles, scooter boards, parallel bars)	
	Mobile treatment stool	
	Vibrator	

Quality Assurance

Although each state has teams to monitor special education programs under P.L. 94-142, these teams do not monitor the quality of therapy services. The establishment and training of teams in conjunction with special education components and state health departments to monitor physical therapy services could constitute one method of peer review. Under APTA, AOTA and state peer review guidelines, teams composed of therapists from across each state, school personnel and their administrative units could assist in the development phase as well as the implementation phase. The cooperative effort would help assure that the therapy programs are meeting the needs of the school, still assuring the maintenance and quality of occupational therapy/physical therapy.

- Establish growth oriented standards.

  These standards should take into account the educational needs of the children being served, the potential patterns for delivery of these services, use of supportive personnel, qualifications for therapists in these environments, conditions of employment in educational settings and methods of monitoring the standards.

- Encourage the establishment and training of teams to monitor occupational therapy/physical therapy services in educational environment.

- Develop methods to assist therapists to meet the standards.

  These may include, but are not limited to, educational programs and site visits to established programs where OT/PT is being provided in public schools.

- Encourage the development of mechanisms to instruct special education teachers and special education administrators in the nature of the standards, state practice acts and guidelines for hiring occupational and physical therapists.

Instructional Materials

- Evaluation Instruments for the Severely Handicapped

Bayley Scales of Mental Development	The Psychological Corp. 1372 Peachtree St., NE Atlanta, Ga. 30309
Denver Development Screening Test	Ladoca Project and Publishing Foundation Denver, Colo.
Cerebral Palsy Assessment Chart	Semans, et al. *Physical Therapy*. 1965, 45, 463-468.
Reflex Testing for Evaluating CNS Development	Mary Fiorentino, Springfield, Ill. C. C. Thomas Co. 1973
Motor-Free Visual Perception Test	Academic Therapy Publications San Rafel, Calif.
Peabody Developmental Motor Scales	Monography #25 IMRID Publications George Peabody College Nashville, Tenn. 37303
Developmental Test of Visual-Motor Integration	Chicago: Follett Publishing Company 1010 W. Washington Chicago, Ill. 60607
Goodenough Draw-A-Person Test	*Measurement of Intelligence by Drawings* New York: World Book, 1926.
Gessell Developmental Schedules	New York: Psychological Corporation, 1956 304 East 45th St. New York, N.Y. 10017
The Frostig Program for the Development of Visual Perception	Marianne Frostig Follett Publishing Company 1010 W. Washington Chicago, Ill. 60607
Ayres Southern California Sensory Integration Test	Western Psychological Service 12031 Wilshire Blvd. Los Angeles, Calif. 90025

Lincoln-Oseretsky Motor Development Scale	Western Psychological Service 12031 Wilshire Blvd. Los Angeles, Calif. 90025
Purdue Perceptual Motor Survey	Eugene G. Roach Needle C. Kephart Charles E. Merrill Publishing Company 1300 Alum Creek Dr. Columbus, Ohio 43216

- **Professional Resources**

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Lyght, C. *The Merck Manual of Diagnosis and Therapy.* Merck, Sharp and Dohme Research Laboratories, 1966.

Marks, N. *Cerebral Palsy and Learning Disabled Child.* Charles C. Thomas Publishers.

Menolascino and Egger. *Medical Dimensions on Mental Retardation.* University of Nebraska Press.

Montgomery, P. and Richter, E. *Sensorimotor Integration for Developmentally Disabled Children.* Western Psychological Services, 1977.

Phelps, W. *The Cerebral Palsied Child.* New York: Simon and Schuster, Inc., 1958.

Trombly, C. and Scott, A. *Occupational Therapy for Physical Dysfunction.* Baltimore: The Williams and Wilkins Co., 1977.

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Chapter VII
Program Evaluation

Program evaluation is useful for determining areas of program strength and weakness. It also provides helpful information for administrators, teachers, support personnel and parents.

Feedback from a variety of personnel, including administrators, teachers, therapists, parents and other staff members, should be an integral part of the evaluation process. The team approach should provide relevant information concerning the effectiveness of general program goals, efficiency in providing comprehensive services and suggestions for improving the program.

The following program assessment checklist suggests areas that should be considered.

	Yes	No	Comments
Eligibility			
Children are of legal school age.			
Current medical reports are obtained before placement; annual medical updates are maintained.*			
Arbitrary restrictive criteria, including incontinence and immobility are not applied.			
Due Process Procedures			
Hearing/vision screening prior to evaluation.			
Parent instrumental in placement and IEP.			
Placement committee meeting minutes.			
IEP complete; only one IEP, reflecting all services, per student.			
Due process forms (all necessary forms filed and forms have all necessary statements).			
Annual review of IEP.			
Confidentiality procedures adequate.			
Comprehensive Program and Services			
A comprehensive program of instructional services is available at the elementary, middle and high school level.			
The programs have provisions for supervision and the services (if needed) of a physical or occupational therapist, speech therapist, school psychologist and prevocational and vocational instruction (on middle and high school levels).			
Facilities, Equipment and Materials			
Each physically and multiply handicapped student is housed in a classroom in an approved building with students of comparable chronological age.			

*See *Program for Exceptional Children Regulations and Procedures*—Criteria for Eligibility

	Yes	No	Comments
There are adequate materials appropriate for the age, developmental ability and handicaps of the students in the classes.			
Each classroom housing a physically and multiply handicapped student has space adequate for storing and handling the special materials and equipment needed in the instructional program.			
All necessary special equipment and furnishings for the instruction, safety and treatment of physically and multiply handicapped students are provided. • A building entrance is at ground level or equipped with an appropriate ramp.			
• Classrooms and therapy rooms are accessible.			
• Drinking fountains and lavatories are appropriately equipped for physically and multiply handicapped students, including necessary safety grab-bars or other acceptable option.			
• Floors are of nonskid nature and free of excessive wax.			
• Adequate space and equipment is provided both indoors and outdoors for physical activities and recreation.			
• Lunchroom facilities include furniture and equipment suitable to the individual needs of the students.			
• Exits from the building are easily accessible for evacuation during an emergency.			
Education Programs Programs for students in the category of physically and multiply handicapped are planned through • stated educational, therapeutic objectives which are detailed in the student's individual educational plan.			
• instruction in verbal communication, written communication, social skills and reading.			
Special education settings at the elementary level have an enrollment of no more than 10 students self-contained or six itinerant.			
The instructional program will provide each student with occupational skills leading to independence as an adult.			
Teachers incorporate assessment information, instructional objectives and evaluation data in their instructional planning.			

	Yes	No	Comments
Program organization for special classes is essentially the same as for other children of the same age in the school district. This applies to the length of the school day and participation in curricular and extracurricular school activities.			
There are policies for the selection and placement of physically and multiply handicapped students into regular education classes.			
Classes for physically and multiply handicapped students are organized so that provisions can be made for some students to receive full-time instruction from a special teacher, while others receive a portion of their instruction from a special teacher and are integrated into regular classes in proportion to their ability to succeed.			
The primary educational responsibility for any physically handicapped student integrated into a regular class on a part-time basis remains with the special education teacher in whose class he or she is enrolled.			
Itinerant Teachers and Resource Rooms • Students receive itinerant teacher and resource room instruction during the regular school day session in their school of registration for a portion of the regular school day.			
• Adequate facilities, materials and equipment are available for the itinerant teacher or resource room.			
• Itinerant and resource room teachers are certified as self-contained teachers of handicapped children.			
• Programs are under the supervision and the direction of the special education coordinator or director.			
There is evidence that the teacher maintains periodic records for each child's individual educational program.			
Daily living skills, adapted physical activities and counseling are provided to all physically and multiply handicapped children needing these services.			
The age range of students receiving instruction in a special class does not exceed three years chronologically or academically.			
Adequate staff development/inservice programs are provided for teachers and related service personnel.			

Chapter VIII
Additional Resources

There are many resources which may be tapped for help with handicapped children. In this section information is provided on national and state organizations, community resources, commercial catalogs and publications for the handicapped.

National and State Organizations

The Association for the Severely Handicapped
Garden View Suite
1600 W. Armory Way
Seattle, Wash. 98119

American Epilepsy Society
Department of Neurology
University of Minnesota
Box 341, Mayo Bldg.
Minneapolis, Minn. 55455

American Occupational Therapy Association, Inc.
6000 Executive Blvd.
Rockville, Md. 20852

American Physical Therapy Association
1156 15th St., N.W.
Washington, D.C. 20005

Center for Independent Living, Inc.
2539 Telegraph Ave.
Berkeley, Calif. 94704

The Center for the Study of Sensory Integration Dysfunction
201 South Lake Ave.
Pasadena, Calif. 91101

Closer Look
Box 1492
Washington, D.C. 20013

Council for Exceptional Children
1920 Association Dr.
Reston, Va. 22091

Georgia Alliance of Physical and Occupational Therapists in Public Schools
Dr. Ruth Kalish
Emory University School of Medicine
2040 Ridgewood Dr., N.E.
Atlanta, Ga. 30322

Georgia Association for Retarded Citizens
1575 Phoenix Blvd., Suite 8
Atlanta, Ga. 30349

Georgia Chapter of the American Physical Therapy Association
Susan S. Church RPT
2838 Greenbrook Way, N.E.
Atlanta, Ga. 30345

Georgia Chapter of the Cystic Fibrosis Research Foundation
1365 Peachtree St., N.E., Suite 121
Atlanta, Ga. 30309

Georgia Chapter of the Multiple Sclerosis Society
1776 Peachtree Rd., N.W., Suite 640
Atlanta, Ga. 30309

Georgia Division of Physically Handicapped (CEC)
Consultant, Multihandicapped and Hospital/Homebound
Program for Exceptional Children
Georgia Department of Education
State Office Bldg.
Atlanta, Ga. 30334

Georgia Easter Seal Society for Crippled Children and Adults
1211 Spring St., N.W.
Atlanta, Ga. 30309

Georgia Occupational Therapy Association
Gretchen A. Yandewater, OTR
131 Fairview St.
Decatur, Ga. 30030

Georgia Society for Autistic Children
Chapter of the National Society for Autistic Children
P. O. Box 54011
Civic Center Station
Atlanta, Ga. 30308

Housing Committee for the Physically Handicapped, Inc.
506 Lenox Ave., #6111
New York, N.Y. 10037

Leukemia Society, Inc.
211 E. 43rd St.
New York, N.Y. 10017

Muscular Dystrophy Association, Inc.
Suite 105
1680 Tully Cir., N.E.
Atlanta, Ga. 30329

National Amputee Foundation
12-45 150th St.
Whitestone, N.Y. 11357

60

National Association of the Physically Handicapped
6473 Grandville Ave.
Detroit, Mich. 48228

National Association of Recreational Therapists
Iowa Psychiatric Hospital
500 Newton Rd.
Iowa City, Iowa 52240

National Center for a Barrier Free Environment
7315 Wisconsin Ave.
Washington, D.C. 20014

National Committee for Multihandicapped Children
339 14th St.
Niagara Falls, N.Y. 14303

The National Foundation/March of Dimes
1275 Mamaroneck Ave.
White Plains, N.Y. 10605

National Paraplegia Foundation
333 N. Michigan Ave.
Chicago, Ill. 60601

National Wheelchair Athletic Association
40-24 62nd St.
Woodside, N.Y. 11377

Spina Bifida Association of America
343 S. Dearborn, Suite 319
Chicago, Ill. 60604

Spina Bifida Association of Georgia-Atlanta
1132 W. Peachtree St., Suite 109
Atlanta, Ga.

United Cerebral Palsy Association
66 E. 34th St.
New York, N.Y. 10016

United Ostomy Association, Inc.
11 Wilshire Blvd.
Los Angeles, Calif. 90017

Community Resources

Atlanta Easter Seal Rehabilitation Center
3254 Northside Parkway, N.W.
Atlanta, Ga. 30327
266-1360

Atlanta Rehabilitation Center
1599 Memorial Dr., S.E.
Atlanta, Ga. 30317
378-7591

Cerebral Palsy Center of Atlanta
1815 Ponce de Leon Ave., N.E.
Atlanta, Ga. 30307
377-3836

Crippled Children's Unit
Georgia Department of Human Resources
618 Ponce de Leon Ave.
Atlanta, Ga. 30308
894-4081

The following are the addresses of the permanent crippled children's offices throughout the state.

Crippled Children's Program
District Health Office
1109 N. Jackson St.
Albany, Ga. 31701
(912) 439-4130

Crippled Children's Program CLINIC
618 Ponce de Leon Ave., N.E.
Atlanta, Ga. 30308
(404) 894-5782

Department of Human Resources
Crippled Children's Program
812 13th St.
Augusta, Ga. 30901
(404) 828-3016

Department of Human Resources
Crippled Children's Clinic
P. O. Box 2299
Columbus, Ga. 31902
(912) 327-4826

Department of Human Resources
Crippled Children's Clinic
811 Hemlock St.
Macon, Ga. 31201
(912) 744-6253

Department of Human Resources
Crippled Children's Clinic
P. O. Box 14257
Savannah, Ga. 31006
(912) 356-2143

Crippled Children's Clinic
310 Janet Dr.
Valdosta, Ga. 31601
(912) 247-3437

Department of Human Resources
Crippled Children's Clinic
1101 Church St.
Waycross, Ga. 31501
(912) 285-6080

Currently there are seven itinerant clinics as listed below. They are run by staff members of the permanent office listed on the right.

Dalton
Gainesville
Marietta ..... Atlanta
Athens

Dublin ..... Macon

Thomasville ..... Valdosta

Cordele ..... Columbus

Georgia Center for the Multihandicapped
1815 Ponce de Leon Ave., N.E.
Atlanta, Ga. 30307
378-5433

Georgia Rehabilitation Center
Warm Springs, Ga. 31830
655-3341

Goodwill Industries of Atlanta, Inc.
2201 Glenwood Ave., S.E.
Atlanta, Ga. 30316
377-0441

Library for the Blind and Physically Handicapped
Georgia Department of Education
1050 Murphy Ave., S.W.
Atlanta, Ga. 30310
656-2465
(Free loan materials and equipment)

Metropolitan Atlanta Rapid Transit Authority
L-Bus (Lift) Service
2200 Peachtree Summit
401 W. Peachtree St., N.E.
Atlanta, Ga. 30308
586-5440

Scottish Rite Hospital
1001 Johnson's Ferry Rd., N.E.
Atlanta, Ga. 30342
256-5252

In addition to the community resources listed, the teacher should investigate resources unique or specific to her or his community. These might include

family and children's service
vocational rehabilitation
mental health unit
county health department
ministerial association
civic organizations
community action services
local medical society
local advocacy groups

Catalogs and Publications

This listing includes companies which advertise materials or equipment for disabled persons. No endorsement is intended by their inclusion and no judgement is implied by the omission of other companies.

- Commercial Catalogs

Achievement Products, Inc.
P. O. Box 547
Mineola, N.Y. 11501

Cleo Living Aids
3957 Mayfield Rd.
Cleveland, Ohio 44121

Everest and Jennings, Inc.
6035 Boatrock Blvd., S.W.
Atlanta, Ga.

Fashion-Able, Inc.
Rocky Hill, N.J. 08553

Fred Sammons, Inc.
Be OK Self-Help Aids
Box 32
Brookfield, Ill. 60513

Gresham Driving Aids
P. O. Box 405A
30800 Wixom Rd.
Wixon, Mich. 48096

J. A. Preston Corporation
71 Fifth Ave.
New York, N.Y. 10003

Rehabilitation Equipment, Inc.
175 E. 83rd St.
New York, N.Y. 10028

Rolls Equipment Company
Elyria, Ohio 44035

Wheelchair Elevation, Inc.
P. O. Box 489A
Broussard, La. 70518

- Publications

Magazines published by, or for, the handicapped are a frequent source of information on improvised or commercial equipment and aids that individuals have found suitable for their needs. Several of these are listed below.

Accent on Living
P. O. Box 700
Bloomington, Ill. 61701

Achievement
925 N. E. 122nd St.
North Miami, Fla. 33161

Apropos
National Center on Educational Media and Materials for the Handicapped
The Ohio State University
Columbus, Ohio 43210

Directory of Organizations Interested in the Handicapped
Committee for the Handicapped
People to People Program
LaSalle Building, Suite 610
Connecticut Ave. and L St.
Washington, D.C. 20036

The Independent
2539 Telegraph Ave.
Berkeley, Calif. 94704

NAPH Newsletter
1162 Lexington Ave.
Columbus, Ohio 43210

Newsletter
Committee for the Handicapped
1028 Connecticut Ave., N.W., Room 610
Washington, D.C. 20036

Paraplegia Life
National Paraplegia Foundation
333 N. Michigan Ave.
Chicago, Ill. 60601

Paraplegia News
935 Coastline Dr.
Seal Beach, Calif. 90740

Rehabilitation Gazette
4502 Maryland Ave.
St. Louis, Mo. 63108

Chapter IX
State Schools

Shurling Campus for the Multihandicapped

Georgia Academy for the Blind
2895 Vineville Ave.
Macon, Ga. 31204
(912) 744-6083
Richard E. Hyer, Jr., Superintendent

Located on the Shurling Campus of the Georgia Academy for the Blind is a program for severely multihandicapped children, ages five through 18 including deaf/blind, trainable mentally retarded blind and other sensory impaired multihandicapped children. Although it is normal practice to accept only school aged children, Title VI-C funds allow the academy to serve deaf/blind students up to age 21. An early childhood readiness program is envisioned for younger multihandicapped children. All students are placed on a trial basis on initial entrance. This campus operates on a 235 school day year as children with these severe handicapping conditions need continued reinforcement in their education and training. The yearly enrollment is approximately 50 children. Diagnostic and evaluation services, educational programming and residential services are available on Shurling Campus with emphasis on self-help and care skills, behavior management, self-growth and awareness and language development.

Criteria for admission to the program for multihandicapped children

The prospective student must have at least two handicapping conditions which include the following.

Deaf/Blind
Visually Impaired/Trainable Mentally Retarded

The parents or guardians are residents of Georgia.

There are satisfactory indications that the prospective student's needs can be met by the educational or training programs at the academy.

The prospective student has attained age six by September 1 of a given school year.

Other factors considered by the admissions committee are

whether the student's educational, social and emotional needs can be met by the prospective student's local educational agency;

available space and staff to provide services. (Although it is policy to accept only school aged children—six years old by September 1—select, socially mature five-year-olds are accepted when recommended by the school staff. Frequent home contact is strongly encouraged for these young children.)

after an initial period of diagnostic teaching is complete (typically six months to one year), the admissions committee will recommend continuance or termination of services for the student.

Appendix A
Sample Forms

Special Handling Form

Name _____ Birthdate _____

Parents' Name _____ Date _____

1. Educationally significant handicapping conditions

____ epilepsy	____ severe visual disorder
____ cleft lip	____ mental retardation
____ perceptual motor disorder	____ cerebral palsy
____ emotional disorder	____ heart disorder
____ cleft palate	____ orthopedic disorder

Other _____

2. Is child on prescribed medication? ____ yes ____ no

If yes, a doctor's letter is required for the teacher to be able to administer the medication.

3. Self Care

A. Dressing

Does the child dress himself or herself? ____ yes ____ no

Require assistance? ____ yes ____ no

If yes, please explain. _____

_____

B. Feeding

Does the child feed himself or herself? ____ yes ____ no

Require assistance? ____ yes ____ no

If yes, please explain. _____

_____

C. Toileting

Does the child toilet himself or herself? ____ yes ____ no

Require assistance? ____ yes ____ no

If yes, please explain. _____

_____

DRAFT

4. Describe how the child is lifted to be moved from one place to another.

_____

_____

_____

_____

Is standing required? ____ yes ____ no

If yes, how long? _____

Please explain any special instructions about the child's braces, crutches, wheelchair, walker, etc.

_____

_____

_____

_____

5. Additional Comments

DRAFT

_____

_____

_____

_____

Parent Signature _____

*The parent is responsible for notifying the teacher using this form any time there is a change in the child's above needs.

Date _____

Dr. _____

_____

_____

Dear Dr. _____

_____ has been referred to our school system for possible placement in our program for physically handicapped children.

Will you please complete the enclosed form so that we may plan an appropriate program for this child.

Sincerely,

_____

_____

DRAFT

_____ School System

_____

_____

GENERAL MEDICAL EXAMINATION REPORT

Initial Report

_____
Last Name First Name Middle Name

_____
Birthdate Sex

_____
Home Address Street and Number City, State Zip Code

_____
Parent's Name

Present or Last school attended _____

Signature of teacher or referring agent _____

Date _____

TO BE COMPLETED BY PHYSICIAN

Medical History _____

_____

_____

_____

Current Medication _____

PHYSICAL EXAMINATION

Height _____ ft. _____ in. Wt. _____ Temp. _____ Pulse _____

Respiration _____ Blood Pressure _____

Vision: Without glasses R. 20/_____ L. 20/_____

With glasses R. 20/_____ L. 20/_____

Hearing: Left ear _____ Right ear _____

Check if normal or describe any abnormality.

1. Eyes _____
2. Ears _____
3. Nose _____
4. Throat _____
5. Mouth _____
6. Neck _____
7. Breasts _____
8. Lungs _____
9. Heart _____
10. Arteries _____
11. Veins _____
12. Abdomen _____
13. Hernia _____
14. Genitalis (Male) _____
15. Gynecological _____
16. Ano-Rectal _____
17. Nervous System _____
18. Psychiatric _____
19. Skin _____
20. Orthopedic _____

Description or comments regarding any of the above.

_____

_____

Surgery:

Type of Surgery	Date	Results
_____	_____	_____
_____	_____	_____
_____	_____	_____

LABORATORY: Urinalysis _____ Blood Seriology _____

DIAGNOSIS: _____

_____

MEDICAL PROGNOSIS: _____

_____

RECOMMENDATIONS AND COMMENTS (any additional evaluations needed, follow-up care, physical limitations with regard to work or lifting, etc.):

_____

_____

Is child under the care of another physician or other medical agency?

_____

Significant medical implications for this child's education.

_____

_____

_____

_____

Medical Coverage

_____ SSI

_____ Medicaid

_____ Other:

Date _____ _____ M.D.

_____

(Address)

_____

Patient _____

Date _____

_____ County Schools
Physically Handicapped Program
Annual Medical Update
(To be completed by physician)

Diagnosis _____

_____

Prognosis _____

_____

Changes in medical status _____

_____

Is child on any medication?

___ NO ___ YES

Condition _____ Medication _____

Is child receiving therapy?

___ Physical Therapy Where & How Often _____

___ Occupational Therapy Where & How Often _____

___ Speech Therapy Where & How Often _____

Significant medical implications for educational placement _____

_____

Surgery

Type of surgery	Date	Results
_____	_____	_____
_____	_____	_____
_____	_____	_____

DRAFT

Patient _____

Date _____

Additional Comments and Suggestions _____

_____

_____

_____

Signed

_____ M.D.

_____

_____

Date _____

DRAFT

Return to

Physically Handicapped Program

_____ County Board of Education

_____

_____

Appendix B
Application for
Talking Book Services

GEORGIA DEPARTMENT OF EDUCATION
LIBRARY FOR THE BLIND AND PHYSICALLY HANDICAPPED
1050 Murphy Avenue, S. W.
ATLANTA, GEORGIA 30310
Telephone: 753-4138

APPLICATION FOR TALKING BOOK SERVICE

Mr.
Mrs.
NAME Miss _____ TELEPHONE _____

ADDRESS _____
STREET CITY STATE ZIP CODE COUNTY

DATE OF BIRTH _____ SEX ☐ MALE ☐ FEMALE
MONTH DAY YEAR

EDUCATION (Circle One): 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

DO YOU READ BRAILLE? _____ CAN YOU READ LARGE TYPE? _____

READING INTERESTS: _____

PHYSICAL REASON WHY APPLICANT CAN NOT READ NORMALLY _____

MEDICAL DIAGNOSIS _____

CERTIFIED BY _____
STREET CITY STATE ZIP CODE

SIGNATURE TITLE

Please supply the name, address and telephone number of a responsible person whom the Library can contact, if necessary, for return of library materials.

NAME _____

ADDRESS _____

TELEPHONE _____

RELATIONSHIP TO APPLICANT _____

DATE OF APPLICATION

_____

Appendix C
Supplementary
OT/PT Information

Occupational and Physical Therapy

A packet of sample OT and PT services forms, compiled by the Georgia Alliance of Occupational and Physical Therapists in the School Systems, may be requested through

Consultant, Multihandicapped and Hospital/Homebound
Program for Exceptional Children
State Office Bldg.
Atlanta, Ga. 30334

The following documents may be ordered free of charge.

Laws, Rules and Regulations Governing the Practice of Occupational Therapy in the State of Georgia, 1977.

Georgia Board of Occupational Therapy
166 Pryor St., S.W.
Atlanta, Ga. 30303

Laws Governing the Practice of Physical Therapy in Georgia, 1972.

Rules and Regulations Governing the Practice of Physical Therapy in Georgia, 1978.

Georgia Board of Physical Therapy
166 Pryor St., S.W.
Atlanta, Ga. 30303

Appendix D
Georgia Learning Resources System

Georgia Learning Resources System provides the following services.

- GLRS maintains an instructional materials center where special educators can preview and borrow materials. The collection includes diagnostic materials, teacher training and professional materials and child use instructional materials. Materials are loaned on a short-term basis to provide educational intervention for particular children, to be used by teachers for trial or preview or to aid selection and purchase decisions.
- GLRS provides in-service training through workshops and conferences on effective use of media and educational equipment, new teaching techniques and methods and innovative instructional materials. Every effort is made to provide workshops which directly relate to the identified needs or interests of each school system.
- GLRS maintains a videotape collection of outstanding special education workshops which have been conducted throughout Georgia. In addition, exemplary special classrooms can be videotaped. These tapes may be borrowed for workshops, in-service meetings or individual previewing.
- GLRS sponsors various special projects to introduce innovative ideas and materials being used successfully with exceptional children across the nation. The Select-Ed Prescriptive Materials Retrieval System, Computer-Based Resource Units (CBRU), Educational Research Information Center (ERIC), Materials Analysis and Retrieval System (MARS) and the Master-Teacher Model are some of the educational innovations which GLRS has introduced to Georgia educators.
- GLRS acts as an information interchange network. Information is disseminated to special educators about the various areas of exceptionality, about programs and services offered to exceptional children in Georgia and about meetings and conferences of interest to special educators.
- GLRS provides information and referral for diagnostic services and educational planning for the severely handicapped child.

Georgia Learning Resources System Directory

STATE COORDINATOR, GLRS
Program for Exceptional Children
Georgia Department of Education
State Office Building
Atlanta, Ga. 30334
(404) 656-2425 (GIST) 221-2425

SOUTHWEST GEORGIA CENTER, GLRS
P. O. Box 1470
Albany, Ga. 31702
(912) 432-9151

*Southwest Georgia GLRS Satellite
Early County Junior High School
Blakely, Ga. 31723
(912) 723-3749 (shcool phone)

WEST CENTRAL CENTER, GLRS
55 Savannah St.
Newnan, Ga. 30263
(404) 251-0888, (GIST) 232-1496

NORTH GEORGIA CENTER, GLRS
P. O. Box 546
Cleveland, Ga. 30528
(404) 865-2043

METRO EAST CENTER, GLRS
Robert Shaw Center
385 Glendale Rd.
Scottdale, Ga. 30079
(404) 292-7272

METRO WEST CENTER, GLRS
Metro CESA
2268 Adams Dr. NW
Atlanta, Ga. 30318
(404) 352-2697

NORTHEAST GEORGIA CENTER, GLRS
Northeast Georgia CESA
375 Winter Dr.
Winterville, Ga. 30683
(404) 742-8292, (GIST) 241-7675

MIDDLE GEORGIA CENTER, GLRS
3769 Ridge Ave.
Room 101 (Alexander IV School)
Macon, Ga. 31204
(912) 474-1513

EAST GEORGIA CENTER, GLRS
Joseph Lamar Elementary School
907 Baker Ave.
Augusta, Ga. 30904
(404) 736-0760

*Louisville Center, GLRS Satellite
Louisville Academy (Jefferson Co.)
Louisville, Ga. 30434
(912) 624-7794 (school phone)

NORTH CENTRAL CENTER, GLRS
North Georgia CESA
#5 West Side Square
Ellijay, Ga. 30540
(404) 635-5391

WEST GEORGIA CENTER, GLPS
1532 Fifth Ave.
Columbus, Ga. 31901
(404) 324-5661

*West Georgia GLRS Satellite
Sumter County Instructional Materials Center
Americus, Ga. 31709
(912) 924-4955

NORTHWEST GEORGIA CENTER, GLRS
115 W. Washington St.
Summerville, Ga. 30747
(404) 857-5421

*GLRS Satellite, NW Georgia CESA
Cedartown, Ga. 30125
(404) 684-5443, (GIST) 295-6190

METRO SOUTH CENTER, GLRS
Griffin CESA
P. O. Drawer H
Griffin, Ga. 30223
(404) 227-0632, (GIST) 253-7311

SOUTH CENTRAL CENTER, GLRS
Child Development Center
1492 Bailey St.
Waycross, Ga. 31501
(912) 285-6191 (GIST) 368-6191

*South Central Center, GLRS (West)
Coastal Plains CESA
1200 Williams St.
Valdosta, Ga. 31601
(912) 247-3482

COASTAL AREA CENTER, GLRS
Chatham County Board of Education
208 Bull St., Room 300
Savnanah, Ga. 31401
(912) 234-2541, ext. 301 or 302

*Coastal Area GLRS Satellite
2400 Reynolds St.
Brunswick, Ga. 31520
(912) 264-6222

EAST CENTRAL CENTER, GLRS
Wrightsville Primary School
P. O. Box 275
Wrightsville, Ga. 31096
(912) 864 3246

*GLRS Satellite, Heart of GA. CESA
312 South Main St.
Eastman, Ga. 31023
(912) 374 5244

SOUTHEAST GEORGIA CENTER, GLRS
J. R. Trippe School
400 W. Second St.
Vidalia, Ga. 30474
(912) 537 7797

*Satellite Center of the preceding GLRS Center

Appendix E
Centers for Severely Emotionally Disturbed

Centers for Severely Emotionally Disturbed (Psychoeducational Center Network)

The SED centers are multidistrict programs designed to serve a low incidence population. The projected population for SED is one-half percent (.005%) of the population, ages zero to 16. There are currently 24 centers, each with satellite services, providing nonresidential, community-based services including diagnostic educational, psychological and psychiatric assessment; remedial services such as special education classes, individual and group therapy and parent services.

Each center is responsible for serving children, ages zero through 16, who are severely emotionally disturbed or behaviorally disordered. The major admission requirement will be the presence of an emotional or behavioral disorder severe enough to require a special child treatment program or a special education program not available in the public school or community. Children who are mild to moderate behavior problems or discipline problems are not eligible. These children are characterized by

- severe emotional disturbance such as, but not limited to, childhood schizophrenia, autism, severe emotional deprivation and adjustment reactions;
- severe behavioral disorders such as, but not limited to, neurological impairment, and developmental cultural deprivation;
- severe school-related maladjustment such as, but not limited to, behavior, socialization communication and academic skills.

At all centers, referrals will be accepted from, but not limited to, early childhood programs, private day care programs, community service centers, well baby clinics, kindergartens, public schools, parents and other child-serving agencies and physicians.

For additional information, contact the State Coordinator, Centers for Severely Emotionally Disturbed, Georgia Department of Education, State Office Building, Atlanta, Ga. 30334 or call (404) 656-6317.

References

References

Best, D. *Individuals With Physical Disabilities*. St. Louis: C. V. Mosby Co., 1978.

Dykes, M. *An Assessment of Training Received and Competencies Needed by COHI Program Personnel*. (Doctoral dissertation, University of Texas at Austin), Austin, Texas, 1972.

Florida State Department of Education: Bureau of Education for Exceptional Students. *A Resource Manual for the Development and Evaluation of Special Programs for Exceptional Students: Vol. II-I: Physically Impaired*, 1978.

Georgia Special Educational Annual Program Plan. Georgia Department of Education, 1979.

Guidelines for Occupational and Physical Therapists in Educational Environments. Compiled by the Guidelines Committee of the Georgia Alliance of Occupational and Physical Therapists in the School System.

Kieran, S., Connor, F., Hippel, C. and Jones, S. *Mainstreaming Preschoolers: Children with Orthopedic Handicaps*. U.S. Department of Health, Education and Welfare, Publication No. (OHDS) 78-31114, 1978.

Laws Governing the Practice of Physical Therapy in Georgia. Georgia State Board of Physical Therapy, 1972.

Laws, Rules and Regulations Governing the Practice of Occupational Therapy in the State of Georgia. Georgia State Board of Occupational Therapy, 1977.

Physical Therapy Program. Pioneer CESA, P. O. Box 548, Cleveland, Ga. 30528.

Program for Exceptional Children: Regulations and Procedures. Georgia Department of Education, 1978.

Rules and Regulations Governing the Practice of Physical Therapy in Georgia. Georgia State Board of Physical Therapy, 1978.

Walter, A., Henrichsen, B., Chandler, L. and Adams, M. *Workbook for Physical Therapists in Public Schools*. State of Washington, University of Puget Sound, 1978.

Federal law prohibits discrimination on the basis of race, color or national origin (Title VI of the Civil Rights Act of 1964); sex (Title IX of the Educational Amendments of 1972); or handicap (Section 504 of the Rehabilitation Act of 1973), in educational programs or activities receiving federal financial assistance.

Employees, students and the general public are hereby notified that the Georgia Department of Education does not discriminate in any educational programs or activities or in employment policies.

The following individuals have been designated as the employees responsible for coordinating the department's effort to implement this nondiscriminatory policy.

Title VI — Peyton Williams Jr., Associate Superintendent of State Schools and Special Services
Title IX — Evelyn Rowe, Coordinator
Section 504 — Jane Lee, Coordinator of Special Education
Vocational Equity — Loydia Webber, Coordinator

Inquiries concerning the application of Title VI, Title IX or Section 504 to the policies and practices of the department may be addressed to the persons listed above at the Georgia Department of Education, 231 State Office Building, Atlanta 30334; to the Regional Office for Civil Rights, Atlanta 30323 or to the Director, Office for Civil Rights, Department of Health, Education and Welfare, Washington, DC 20201.

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